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To select all the text on the page, choose Edit > Select All. In single page mode, all the text on the current page is selected. In Continuous or Continuous – facing mode, most of the text in the document is selected. When you release the mouse button, the selected text is highlighted. To deselect the text and start over, click anywhere outside the selected text.

The Select All command will not select all the text in the document. A workaround for this (Windows) is to use the Edit > Copy command.

2. Choose Edit > Copy to copy the selected text to the clipboard.

3. To view the text, choose Window > Show Clipboard

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1 [For your information, there was no reportable
2 action as a result of the Board of Supervisors'
3 closed session held on August 16, 2005.]
4
5
6

7 **SUP. MOLINA, CHAIR:** GOOD MORNING. WE'RE GOING TO BEGIN THIS
8 MORNING'S MEETING. IF I COULD ASK EACH OF YOU TO PLEASE TAKE A
9 SEAT, WE'D APPRECIATE IT. THIS MORNING, OUR INVOCATION WILL BE
10 LED BY CAPTAIN BARBARA SLOAN, WHO IS A CORPS OFFICER OF THE
11 SALVATION ARMY OF THE GLENDALE CORPS AND OUR PLEDGE THIS
12 MORNING WILL BE LED BY ERNEST WALKER WHO IS A CORPORAL AT THE
13 LONG BEACH POST NUMBER 1746 OF THE AMERICAN LEGION. WOULD YOU
14 ALL PLEASE STAND?
15

16 **CAPTAIN BARBARA SLOAN:** MADAM CHAIR AND MEMBERS OF THE BOARD,
17 THERE'S A GREAT EXAMPLE IN THE LIFE OF OUR NATION WHEN
18 BENJAMIN FRANKLIN MADE A VERY GOOD CHOICE. HE CALLED FOR
19 PRAYER. MEMBERS OF THE CONSTITUTIONAL CONVENTION WERE
20 STRUGGLING WITH THE PROBLEM OF HOW TO HAVE FAIR REPRESENTATION
21 IN GOVERNMENT. THEY COULDN'T REACH A SOLUTION, AND THE GROUP
22 WAS GETTING RATHER FRUSTRATED. AS THE HOST OF THE CONVENTION,
23 BENJAMIN FRANKLIN SUGGESTED A SOLUTION. HE CALLED THE MINISTER
24 TO PRAY WITH THE GROUP. WITH THAT, CONGRESS HAS BEEN OPENED
25 WITH PRAYER EVER SINCE THAT DAY, JUNE 28TH, 1787. SHALL WE



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1 PRAY? LORD, AT A TIME WHEN DIVERSITY OF VIEWPOINT AND
2 INTERPRETATION IS EXPRESSED MORE OFTEN, IT IS MORE CHALLENGING
3 TO UNDERSTAND THAT UNIQUE AND SACRED PLACE. LORD, WE ASK FOR
4 YOUR STRENGTH TODAY AS IT IS BECOMING MORE CRITICAL TO BE
5 LISTENED TO AND TO LISTEN TO EACH OTHER. TODAY, AS THIS BODY
6 ADDRESSES THE DIFFICULT ISSUES BEFORE IT, LET US FOCUS LESS ON
7 OUR DIFFERENCES AS WE CENTER OURSELVES IN OUR SHARED WORK TO
8 ACCOMPLISH GREAT THINGS TOGETHER BECAUSE OF THE ONE WHO UNITES
9 US. AMEN.

10

11 **CORPORAL ERNEST WALKER:** WILL YOU PLACE YOUR HAND OVER YOUR
12 HEART, PLEASE, JOIN ME IN THE PLEDGE OF ALLEGIANCE. [PLEDGE
13 OF ALLEGIANCE]

14

15 **SUP. MOLINA, CHAIR:** SUPERVISOR KNABE?

16

17 **SUP. KNABE:** THANK YOU. MADAM CHAIR, MEMBERS OF THE BOARD,
18 LADIES AND GENTLEMEN, IT'S MY PRIVILEGE AND HONOR TO WELCOME
19 MR. ERNEST WALKER, WHO, AS WE LEARNED EARLIER, A MEMBER OF THE
20 AMERICAN LEGION POST 1746 LONG BEACH. HE SERVED IN THE
21 MILITARY FROM 1969 TO '72 AS CORPORAL IN THE UNITED STATES
22 MARINE CORPS, FIRST MARINE AIRCRAFT WING UNIT. HIS MANY
23 DECORATIONS INCLUDE COMBAT ACTION RIBBON, PRESIDENTIAL UNIT
24 CITATION, MERITORIOUS UNIT COMMENDATION, GOOD CONDUCT MEDAL,
25 VIETNAM SERVICE MEDAL WITH TWO STARS AND THE REPUBLIC OF



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1 VIETNAM CAMPAIGN MEDAL. SO, ON BEHALF OF THE BOARD OF
2 SUPERVISORS AND MY COLLEAGUES, WE'D JUST LIKE TO PRESENT YOU
3 WITH A CERTIFICATE OF APPRECIATION AND THANK YOU FOR TAKING
4 TIME TO LEAD US IN THE PLEDGE OF ALLEGIANCE. [APPLAUSE]

5

6 **SUP. MOLINA, CHAIR:** SUPERVISOR ANTONOVICH?

7

8 **SUP. ANTONOVICH:** MADAM CHAIR, IT'S A PLEASURE TO WELCOME TO
9 OUR BOARD OF SUPERVISORS THIS MORNING CAPTAIN BARBARA SLOAN,
10 WHO IS THE OFFICER IN CHARGE OF THE SALVATION ARMY'S GLENDALE
11 CORPS. SHE'S BEEN A MEMBER OF THE SALVATION ARMY AS AN OFFICER
12 FOR 15 YEARS AND SHARES DUTIES WITH HER HUSBAND AS MINISTER AT
13 THE CHURCH WITH HER HUSBAND, AS I SAID, CAPTAIN JIM SLOAN.
14 THEY OPERATE A HOMELESS FEEDING PROGRAM, MEALS ON WHEELS FOR
15 SENIORS, THEY HAVE AN AFTER-SCHOOL TUTORIAL PROGRAM FOR OUR
16 LOCAL YOUTH, ALONG WITH LONG-TERM SENIOR HOUSING CENTER AND A
17 TRANSITIONAL LIVING SHELTER AT THE SALVATION ARMY'S FACILITY
18 IN GLENDALE. THEY RECENTLY ORGANIZED A CELEBRATION MARKING THE
19 SALVATION ARMY'S 80TH ANNIVERSARY OF SERVICE TO GLENDALE. SHE
20 IS A VETERAN OF THE UNITED STATES AIR FORCE AND HER SON, DAVID
21 PSALMERS, IS SUPERVISOR DON KNABE'S PRESS DEPUTY. SO, ON
22 BEHALF OF THE COUNTY, WE WELCOME YOU AND THANK YOU FOR LEADING
23 US IN PRAYER. [APPLAUSE]

24



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1 **SUP. KNABE:** I'D ALSO LIKE TO ADD A WARM WELCOME TO MOM AND I'M
2 GOING TO HAVE HER REVIEW ALL THE SPEECHES THAT DAVID WRITES
3 NOW SO THANK YOU FOR JOINING US.

4

5 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH. AT THIS POINT, I'M
6 GOING TO ASK OUR EXECUTIVE OFFICER TO PLEASE CALL THE AGENDA.

7

8 **CLERK VARONA-LUKENS:** THANK YOU, MADAM CHAIR, MEMBERS OF THE
9 BOARD. WE'LL BEGIN ON PAGE 6. ON ITEM CS-1, THE COUNTY COUNSEL
10 REQUESTS A TWO-WEEK CONTINUANCE.

11

12 **SUP. MOLINA, CHAIR:** ALL RIGHT. THAT ITEM WILL BE CONTINUED FOR
13 TWO WEEKS.

14

15 **CLERK VARONA-LUKENS:** ALSO, ON ITEM S-1, THAT INCLUDES THE
16 ADDITIONS AS NOTED ON THE GREEN SHEET.

17

18 **SUP. MOLINA, CHAIR:** ALL RIGHT.

19

20 **CLERK VARONA-LUKENS:** AGENDA FOR THE MEETING OF THE COMMUNITY
21 DEVELOPMENT COMMISSION, ITEMS 1-D THROUGH 3-D. ON ITEM 3-D,
22 SUPERVISOR BURKE REQUESTS A TWO-WEEK CONTINUANCE AND THE REST
23 ARE BEFORE YOU.

24



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1 **SUP. MOLINA, CHAIR:** ON THE REMAINING TWO ITEMS, MOVED BY
2 SUPERVISOR BURKE, SECONDED BY SUPERVISOR KNABE. IF THERE'S NO
3 OBJECTION, SO ORDERED.

4

5 **CLERK VARONA-LUKENS:** AGENDA FOR THE MEETING OF THE REGIONAL
6 PARK AND OPEN SPACE DISTRICT, ITEM 1-P.

7

8 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
9 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

10

11 **CLERK VARONA-LUKENS:** BOARD OF SUPERVISORS, ITEMS 1 THROUGH 10,
12 I HAVE THE FOLLOWING REQUEST. ON ITEM NUMBER 3, HOLD FOR A
13 MEMBER OF THE PUBLIC. ON ITEM NUMBER 8, HOLD FOR SUPERVISOR
14 ANTONOVICH. ON ITEM NUMBER 9, HOLD FOR A MEMBER OF THE PUBLIC.
15 AND, ON ITEM NUMBER 10, AS THE EXECUTIVE OFFICER, I'M
16 REQUESTING A TWO-WEEK CONTINUANCE ON THAT ITEM. THE REST ARE
17 BEFORE YOU.

18

19 **SUP. MOLINA, CHAIR:** ALL RIGHT. NOTING THOSE EXCEPTIONS, THE
20 ITEMS ARE MOVED BY SUPERVISOR ANTONOVICH, SECONDED BY
21 SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO ORDERED.

22

23 **CLERK VARONA-LUKENS:** ADMINISTRATIVE OFFICER, ITEMS 11 THROUGH
24 14.

25



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1 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
2 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

3

4 **CLERK VARONA-LUKENS:** CHILDREN AND FAMILY SERVICES, ON ITEM 15,
5 HOLD FOR A MEMBER OF THE PUBLIC.

6

7 **SUP. MOLINA, CHAIR:** THAT ITEM WILL BE HELD.

8

9 **CLERK VARONA-LUKENS:** COMMUNITY DEVELOPMENT COMMISSION, ITEMS
10 16 THROUGH 18.

11

12 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
13 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

14

15 **CLERK VARONA-LUKENS:** CONSUMER AFFAIRS, ITEMS 19 AND 20.

16

17 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
18 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

19

20 **CLERK VARONA-LUKENS:** COUNTY COUNSEL, ITEM 21.

21

22 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
23 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

24



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1 **CLERK VARONA-LUKENS:** FIRE DEPARTMENT. ON ITEM 22, HOLD FOR A
2 MEMBER OF THE PUBLIC.

3

4 **SUP. MOLINA, CHAIR:** THAT ITEM WILL BE HELD.

5

6 **CLERK VARONA-LUKENS:** HEALTH SERVICES, ITEMS 23 THROUGH 27, I
7 HAVE THE FOLLOWING REQUEST. ON ITEM NUMBER 23, SUPERVISOR
8 BURKE REQUESTS A TWO-WEEK CONTINUANCE. ON ITEM 24, THAT'S
9 BEFORE YOU FOR YOUR CONSIDERATION AS A MATTER OF BOARD POLICY.
10 THERE IS NO RECOMMENDATION FROM THE CHIEF ADMINISTRATIVE
11 OFFICER. AND, FOR THE RECORD, SUPERVISOR MOLINA VOTES "NO". ON
12 ITEM 26, HOLD FOR SUPERVISOR MOLINA.

13

14 **SUP. MOLINA, CHAIR:** ALL RIGHT. THAT LEAVES ITEM NUMBER, WHAT,
15 26 AND 27? I THINK THAT'S CORRECT.

16

17 **CLERK VARONA-LUKENS:** AND 25 AND 24. PART OF 24, YOU'RE VOTING
18 "NO," SO THAT'S ON THE TABLE.

19

20 **SUP. KNABE:** 25 AND 27.

21

22 **SUP. MOLINA, CHAIR:** THAT'S CORRECT.

23

24 **CLERK VARONA-LUKENS:** 25 AND 27.

25



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1 **SUP. MOLINA, CHAIR:** ALL RIGHT. ON THOSE ITEMS, MOVED BY
2 SUPERVISOR ANTONOVICH, SECONDED BY SUPERVISOR BURKE. IF
3 THERE'S NO OBJECTION, SO ORDERED.

4

5 **CLERK VARONA-LUKENS:** MENTAL HEALTH, ITEMS 28 AND 29.

6

7 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
8 BY SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO ORDERED.

9

10 **CLERK VARONA-LUKENS:** PARKS AND RECREATION, ITEM 30.

11

12 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
13 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

14

15 **CLERK VARONA-LUKENS:** PUBLIC LIBRARY, ITEMS 31 AND 32.

16

17 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
18 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

19

20 **CLERK VARONA-LUKENS:** PUBLIC SOCIAL SERVICES, ITEM 33.

21

22 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
23 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

24

25 **CLERK VARONA-LUKENS:** PUBLIC WORKS, ITEMS 34 THROUGH 49.



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1

2 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
3 SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO ORDERED.

4

5 **CLERK VARONA-LUKENS:** SANITATION DISTRICT, ITEM 50.

6

7 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
8 BY SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

9

10 **CLERK VARONA-LUKENS:** SHERIFF, ITEMS 51 THROUGH 53.

11

12 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
13 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.

14

15 **CLERK VARONA-LUKENS:** TREASURER AND TAX COLLECTOR, ITEM 54.

16

17 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
18 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED ON THAT
19 ITEM.

20

21 **CLERK VARONA-LUKENS:** MISCELLANEOUS COMMUNICATIONS, ITEMS 55
22 THROUGH 59, I HAVE THE FOLLOWING REQUEST. ON ITEM 56, THE
23 COUNTY COUNSEL-- 56 AND 57, THE COUNTY COUNSEL REQUESTS A TWO-
24 WEEK CONTINUANCE.

25



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1 **SUP. MOLINA, CHAIR:** ON THE REMAINDER...

2

3 **SUP. KNABE:** ON 56 AND 57?

4

5 **CLERK VARONA-LUKENS:** YES, THAT'S CORRECT.

6

7 **SUP. MOLINA, CHAIR:** ON THE REMAINDER, MOVED BY SUPERVISOR
8 ANTONOVICH, SECONDED BY SUPERVISOR KNABE. IF THERE'S NO
9 OBJECTION, SO ORDERED.

10

11 **CLERK VARONA-LUKENS:** ORDINANCES FOR INTRODUCTION, ITEMS 60 AND
12 61. I'LL READ THE SHORT TITLE INTO THE RECORD. 60, AN
13 ORDINANCE EXTENDING THROUGH MARCH 31, 2007, A FRANCHISE TO
14 OPERATE A CABLE TELEVISION SYSTEM IN THE UNINCORPORATED AREA
15 OF AGORA GRANTED BY ORDINANCE NUMBER 90-0150-F AND REFLECTING
16 A CHANGE IN THE NAME OF THE FRANCHISEE. ITEM 61 IS AN
17 ORDINANCE EXTENDING THROUGH MARCH 31, 2007, A FRANCHISE TO
18 OPERATE A CABLE TELEVISION SYSTEM IN THE UNINCORPORATED AREA
19 OF PALMDALE, GRANTED BY ORDINANCE NUMBER 90-0118-F AS AMENDED
20 AND REFLECTING A CHANGE IN THE NAME OF THE FRANCHISEE. THOSE
21 ITEMS ARE BEFORE YOU.

22

23 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
24 SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO ORDERED.

25



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1 **CLERK VARONA-LUKENS:** ORDINANCE FOR ADOPTION, ITEM 62.

2

3 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR BURKE, SECONDED BY
4 SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

5

6 **CLERK VARONA-LUKENS:** SEPARATE MATTER, ITEM 63 IS BEFORE YOU
7 FOR APPROVAL.

8

9 **SUP. MOLINA, CHAIR:** ALL RIGHT. ON THAT ITEM, MOVED BY
10 SUPERVISOR KNABE, SECONDED BY SUPERVISOR ANTONOVICH. IF
11 THERE'S NO OBJECTION, SO ORDERED.

12

13 **CLERK VARONA-LUKENS:** AND ON ITEM 64, THE DIRECTOR REQUESTS
14 THAT THIS ITEM BE RECEIVED AND FILED.

15

16 **SUP. MOLINA, CHAIR:** WE WILL RECEIVE AND FILE THAT REPORT.

17

18 **CLERK VARONA-LUKENS:** OKAY. MADAM CHAIR, I'M GOING TO BACK UP
19 JUST A LITTLE BIT. I HAVE CONTINUANCES FROM SUPERVISOR
20 YAROSLAVSKY. ON ITEM 55, SUPERVISOR YAROSLAVSKY IS REQUESTING
21 A ONE-WEEK CONTINUANCE.

22

23 **SUP. KNABE:** 55?

24



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1 **CLERK VARONA-LUKENS:** 55, THAT'S CORRECT. YES. HE'LL BE COMING
2 DOWN.

3

4 **SUP. MOLINA, CHAIR:** ALL RIGHT. THAT ITEM, IS THAT FOR
5 RECONSIDERATION?

6

7 **CLERK VARONA-LUKENS:** YOU KNOW WHAT, IT WOULD HAVE TO BE TWO
8 WEEKS.

9

10 **SUP. KNABE:** OKAY. I'LL MOVE RECONSIDERATION.

11

12 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR KNABE, SECONDED BY
13 SUPERVISOR BURKE FOR RECONSIDERATION. IF THERE'S NO OBJECTION,
14 SO ORDERED AND WE WILL CONTINUE THAT ITEM.

15

16 **CLERK VARONA-LUKENS:** OKAY. AND ITEM 50, SUPERVISOR YAROSLAVSKY
17 IS REQUESTING THAT YOU HOLD THAT ITEM.

18

19 **SUP. MOLINA, CHAIR:** ALL RIGHT. AGAIN, SUPERVISOR KNABE MOVES
20 THAT...

21

22 **SUP. KNABE:** MOVE RECONSIDERATION.

23

24 **SUP. MOLINA, CHAIR:** RECONSIDER THAT ITEM, SECONDED BY
25 SUPERVISOR ANTONOVICH. IF THERE'S NO OBJECTION, SO ORDERED.



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1

2 **CLERK VARONA-LUKENS:** OKAY. SO WE HAVE MISCELLANEOUS ADDITIONS
3 TO THE AGENDA REQUESTED BY BOARD MEMBERS AND THE CHIEF
4 ADMINISTRATIVE OFFICER WHICH WERE POSTED MORE THAN 72 HOURS IN
5 ADVANCE OF THE MEETING AS INDICATED ON THE GREEN SUPPLEMENTAL
6 AGENDA. ON ITEM 65-- ITEM 65-A IS BEFORE YOU.

7

8 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
9 BY SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

10

11 **CLERK VARONA-LUKENS:** AND ITEM 65-B, SUPERVISOR YAROSLAVSKY, HE
12 IS REQUESTING A ONE-WEEK CONTINUANCE BUT, ON THE ONE-WEEK
13 AGENDA, SUPERVISOR, WE HAVE A VERY SHORT AGENDA. SO I'M NOT
14 SURE...

15

16 **SUP. MOLINA, CHAIR:** COULD WE HOLD THAT ITEM? I JUST WANT TO
17 ASK A CLARIFYING QUESTION ON IT AND MAYBE WE'LL CONTINUE IT.

18

19 **CLERK VARONA-LUKENS:** ALL RIGHT. ITEM 65-C IS BEFORE YOU.

20

21 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
22 BY SUPERVISOR BURKE. IF THERE'S NO OBJECTION, SO ORDERED.

23

24 **CLERK VARONA-LUKENS:** 65-D.

25



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1 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR ANTONOVICH, SECONDED
2 BY SUPERVISOR KNABE. IF THERE'S NO OBJECTION, SO ORDERED.

3

4 **CLERK VARONA-LUKENS:** AND ON 65-E, WE HAVE A REQUEST FROM A
5 MEMBER OF THE PUBLIC TO HOLD THIS ITEM.

6

7 **SUP. MOLINA, CHAIR:** ALL RIGHT. WE'LL HOLD THAT ITEM.

8

9 **CLERK VARONA-LUKENS:** THAT COMPLETES THE READING OF THE AGENDA.
10 BOARD OF SUPERVISORS' SPECIAL ITEMS BEGINS WITH SUPERVISORIAL
11 DISTRICT NO. 4.

12

13 **SUP. MOLINA, CHAIR:** I'M GOING TO DO, IF YOU DON'T MIND, THE
14 EMPLOYEE OF THE MONTH. I WAS JUST IN THE ROOM IN THE BACK
15 BEFORE I CAME OUT AND I MET A LOT OF THE RUNNERS UP THAT WERE
16 EMPLOYEES OF THE MONTH AND SO THERE WAS TOUGH COMPETITION FOR
17 YOU TO BE SELECTED THE EMPLOYEE OF THE MONTH BUT I'M VERY
18 PROUD TODAY TO PRESENT AN HONOR AS OUR AUGUST 2005 EMPLOYEE OF
19 THE MONTH, PAUL D. MCCARTHY. LET ME SHARE WITH YOU WHY HE
20 DESERVES AND IS RECEIVING THIS RECOGNITION. PAUL HAS BEEN WITH
21 THE COUNTY FOR 35 YEARS AND IS CURRENTLY THE SUPERVISING
22 REGIONAL PLANNER WITH THE DEPARTMENT OF REGIONAL PLANNING. HE
23 IS SERVING AS HEAD OF THE LAND DIVISION'S RESEARCH AND
24 ENFORCEMENT ZONING PERMITS 2 SECTIONS. MR. MCCARTHY SERVES AS
25 A MEMBER OF THE DISTRICT ATTORNEY'S REAL ESTATE FRAUD TASK



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1 FORCE AND WORKS CLOSELY WITH OTHER COUNTY DEPARTMENTS. HE
2 ROUTINELY PROVIDES EXPERT OPINIONS AND HAS ASSISTED THE D.A.
3 AND THE COURT APPOINTER RECEIVER IN SUPERVISING THE PROBATION
4 OF CONVICTED FELONS WHO VICTIMIZE LOW INCOME RESIDENTS THROUGH
5 FRAUDULENT LAND SALE SCHEMES. AS A RESULT OF THIS INVOLVEMENT
6 AND THE LEADERSHIP ROLE THAT HE PLAYED WITH A SEPARATE D.A.
7 INVESTIGATION, MR. MCCARTHY'S EFFORTS LED TO THE SUCCESSFUL
8 TERMINATION, INDICTMENT AND ARREST OF A FORMER DEPARTMENTAL
9 EMPLOYEE, THAT'S AN L.A. COUNTY EMPLOYEE, THAT WAS CHARGED
10 WITH 97 FELONY COUNTS OF FRAUD. TO PROTECT THE COUNTY AND THE
11 PUBLIC AGAINST FRAUDULENT ACTIVITY, MR. MCCARTHY DEVELOPED AND
12 IMPLEMENTED A VERY COMPREHENSIVE NEW SYSTEM OF CHECKS AND
13 BALANCES AS WELL AS ACCOUNTABILITY. PAUL, WE'RE SO PLEASED
14 THAT YOU'RE ABLE TO JOIN US HERE TO PRESENT THIS RECOGNITION.
15 IT IS VERY, VERY WELL DESERVED AND I THANK YOU FOR THE
16 OUTSTANDING SERVICE. I THINK THAT YOU REALLY ARE A GREAT MODEL
17 FOR ALL OF OUR COUNTY EMPLOYEES. CONGRATULATIONS TO YOU, SIR.

18

19 **PAUL D. MCCARTHY:** THANK YOU, MADAM CHAIR.

20

21 **SUP. MOLINA, CHAIR:** BEFORE I-- IS THERE ANYONE THAT WANTS TO
22 SPEAK ON BEHALF OF THE DEPARTMENT?

23

24 **PAUL D. MCCARTHY:** I JUST WANTED TO THANK LEONARD TORELGA HERE,
25 WHO IS OUR DEPUTY DISTRICT ATTORNEY WHO PROSECUTED THIS CASE



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1 TO A SUCCESSFUL CONCLUSION. THANK YOU, SIR. AND I WANT TO
2 THANK DENNIS DECOSTA, WHO STUCK WITH US FROM THE VERY
3 BEGINNING UNTIL THE VERY END OF THIS INVESTIGATION AND EARLY
4 ON DISCOVERED SOME IMPORTANT LEADS THAT LED TO A GOLD MINE OF
5 EVIDENCE. AND, OF COURSE, JOHN SINEBRIA, WHO IS OUR ACTING
6 CHIEF DEPUTY DIRECTOR AND HE'S BEEN VERY SUPPORTIVE
7 THROUGHOUT. SO THANK YOU. AND CERTAINLY I WANT TO THANK JOE
8 MARTINEZ AND ALL THE PEOPLE FROM THE PARAGON COMPANY WHO
9 HELPED US. JOE LEFT THE PROGRAM EARLY, JUST BEFORE THE TAIL
10 END AND DONATED HIS TIME FREE OF CHARGE TO COME BACK AND HELP
11 US IN TRIAL PREPARATION, SO I VERY MUCH APPRECIATE THAT. THANK
12 YOU.

13

14 **SUP. MOLINA, CHAIR:** CONGRATULATIONS. [APPLAUSE]

15

16 **SUP. MOLINA, CHAIR:** SUPERVISOR KNABE, YOUR PRESENTATIONS.

17

18 **SUP. KNABE:** THANK YOU, MADAM CHAIR, MEMBERS OF THE BOARD. I
19 HAVE A VERY DISTINCT HONOR TODAY TO WELCOME A YOUNG LADY WHO
20 HAS BEEN ACTIVELY INVOLVED IN THE CITY OF LOS ANGELES AND THE
21 COUNTY OF LOS ANGELES FOR SOME 61 YEARS AND I WANTED TO INVITE
22 ELEANOR MONTANO TO JOIN ME UP HERE, ALONG WITH ROBIN TOMA, WHO
23 IS THE EXECUTIVE DIRECTOR OF OUR HUMAN RELATIONS COMMISSION.
24 WE ALSO HAVE WITH US ELEANOR'S CHILDREN, MARIO AND RICARDO
25 MONTANO, MARINA ESCOVEL AND GRANDDAUGHTER AMANDA ESCOVEL. AS I



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1 MENTIONED, ELEANOR IS A VERY EXTRAORDINARY WOMAN AND SHE HAS
2 DEDICATED OVER 61 YEARS OF VOLUNTEER SERVICE TO THE COUNTY AND
3 CITY OF LOS ANGELES. SHE IS ALSO THE NEW CHAIR OF THE SYBIL
4 BRAND COMMISSION. SHE HAS SPENT COUNTLESS HOURS OF WORKING
5 WITH YOUTH, INSPECTING INSTITUTIONS AND GROUP HOMES, VISITING
6 AND INSPECTING JAILS, COURTROOM LOCK-UPS, SHERIFF'S STATIONS,
7 PROBATION FACILITIES, CORRECTIONAL FACILITIES HERE IN THE
8 COUNTY FOR BOTH ADULT AND JUVENILE DETAINEES. SHE WAS A
9 PIONEER IN HUMAN RELATIONS AS THE FIRST LATINA AND SECOND
10 WOMAN IN 44 YEARS TO SERVE AS PRESIDENT OF THE COUNTY OF LOS
11 ANGELES HUMAN RELATIONS COMMISSION. SHE IS CURRENTLY SERVING
12 HER 22ND YEAR IN THIS GROUND- BREAKING HUMAN RELATIONS
13 ORGANIZATION. HER GREAT ACHIEVEMENTS HAVE BEEN RECOGNIZED BY
14 MANY ORGANIZATIONS, INCLUDING THE Y.W.C.A., STATE OF
15 CALIFORNIA, LOS ANGELES POLICE DEPARTMENT, HARBOR DIVISION,
16 THE BOYS AND GIRLS CLUB OF WILMINGTON, THE UNITED STATES
17 DEPARTMENT OF JUSTICE AND SHE WAS APPOINTED BY PRESIDENT
18 RONALD REAGAN TO THE SELECTIVE SERVICE SYSTEM AS A BOARD
19 MEMBER SERVING FOR SOME 20 YEARS AND ONLY ONE OF THREE IN THE
20 COUNTY TO RECEIVE THE NORDSTROM COMMUNITY SERVICE AWARD FOR
21 HER 37 YEARS OF VOLUNTEER SERVICE WITH THE LOS ANGELES POLICE
22 DEPARTMENT. AND THEN, ON TUESDAY, JULY 12TH, THE LOS ANGELES
23 POLICE PRESENTED HER WITH LOS ANGELES POLICE DISTINGUISHED
24 SERVICE MEDAL, AN HONOR RARELY GIVEN BY THE DEPARTMENT AND BY
25 THE COMMISSION AND IT'S THE HIGHEST HONOR A CIVILIAN CAN



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1 RECEIVE. SO, ON BEHALF OF THE BOARD, IT'S MY HONOR TO PRESENT
2 THIS SCROLL TO ELEANOR, TO NOT ONLY CONGRATULATE HER BUT THANK
3 HER FOR NOT ONLY THE 61 YEARS OF SERVICE THUS FAR BUT THE
4 ONGOING SERVICE THAT WE ALL KNOW THAT SHE'S GOING TO CONTINUE
5 TO PROVIDE TO THE CITY AND THE COUNTY OF LOS ANGELES. SHE'S A
6 VERY SPECIAL LADY AND WE TRULY APPRECIATE ALL THAT SHE DOES
7 AND WE GOT HER FAMILY HERE BUT I ALSO WANT TO HAVE HER FELLOW
8 COMMISSIONERS STAND UP OUT THERE AND L.A.P.D. FOLKS, IF YOU'D
9 JUST STAND AND FRIENDS. ALL RIGHT. [APPLAUSE]

10

11 **SUP. KNABE:** ELEANOR TOLD ME UPSTAIRS THAT SHE CONFINED HER
12 INVITATION LIST TO SOME VERY SPECIAL PEOPLE. SHE DID NOT
13 INVITE HER FIRST COUSINS BECAUSE SHE HAS 123 FIRST COUSINS.
14 ELEANOR, CONGRATULATIONS.

15

16 **ELEANOR MONTANO:** THANK YOU, SUPERVISOR DON KNABE AND ALSO THE
17 BOARD MEMBERS. I WOULD LIKE TO THANK MY FRIENDS, FELLOW
18 COMMISSIONERS, CAPTAIN GANNON AND MY COWORKERS IN CRIME,
19 BONNIE CHRISTIANSON, JANET GUNTER, JEFFREY NU AND THE STAFF AT
20 THE HUMAN RELATIONS COMMISSION AND THE SYBIL BRAND COMMISSION
21 AND ESPECIALLY MY L.A.P.D. FAMILY BECAUSE I CONSIDER THEM MY
22 FAMILY BECAUSE SOME OF THEM, I TREAT MOST OF THEM LIKE IF THEY
23 WERE MY SONS AND CORRECT THEM OR BAWL THEM OUT OR PRAISE THEM,
24 EITHER WAY, IT DOESN'T MATTER BUT IT WORKS BOTH WAYS AND I
25 JUST WISH PEOPLE WOULD REALIZE HOW MANY WONDERFUL OFFICERS WE



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1 HAVE OUT THERE IN THE COMMUNITY AND THE COUNTY OF LOS ANGELES
2 SO THEY WOULD REALIZE THAT IT'S ONLY A FEW THAT BLACKEN THE
3 BADGE AND THAT MOST OF THEM HAVE IT SHINY. SO THAT I REALLY
4 APPRECIATE. AND, AS FAR AS VOLUNTEERING, I LOVE WHAT I DO AND
5 I WAS INSTILLED BY MY GRANDMOTHER WHEN I WAS SIX YEARS OLD AND
6 AS FAR AS VOLUNTEERING FOR L.A.P.D., WHEN I WAS 3-1/2 YEARS
7 OLD, A CAUCASIAN OFFICER AND HIS WIFE SAVED MY MOTHER AND MY
8 BROTHER AND SISTER AND MYSELF WHEN I WAS 3-1/2 AND THAT'S WHY
9 I PAY BACK MY SERVICE TO L.A.P.D. BECAUSE THEY SAVED MY LIFE
10 AND, WITHOUT THEM SAVING MY LIFE AT THAT TIME, I WOULDN'T BE
11 HERE TODAY. SO I REALLY, REALLY APPRECIATE IT AND I'LL KEEP ON
12 GOING AS LONG AS I CAN AND THANK YOU, DON KNABE. [APPLAUSE]

13

14 **SUP. KNABE:** THANK YOU ALL. THANK YOU AGAIN, ELEANOR, FOR ALL
15 THAT YOU DO. NOW I'D LIKE TO ASK ARTHUR VERGE TO COME UP AND
16 JOIN ME. ARTHUR HAS SERVED THE CITIZENS OF OUR GREAT COUNTY AS
17 A LIFEGUARD SINCE 1974. AND, DURING HIS TENURE, HE HAS SAVED
18 COUNTLESS LIVES ALONG OUR BEAUTIFUL COUNTY SHORES. HE IS ALSO
19 THE CO-FOUNDER OF THE PROFESSIONAL LIFEGUARD FOUNDATION, WHICH
20 RAISES MONEY TO GIVE SCHOLARSHIPS TO OUR LIFEGUARDS THAT ARE
21 ATTENDING COLLEGE. ARTHUR HAS SEVERAL DEGREES, INCLUDING A
22 MASTER'S DEGREE AND A PH.D. IN HISTORY FROM THE UNIVERSITY OF
23 SOUTHERN CALIFORNIA. FIGHT ON. WE'RE NUMBER 1. OH. HE IS
24 CURRENTLY A PROFESSOR OF HISTORY AT EL CAMINO COLLEGE IN
25 TORRANCE, WHERE HE'S BEEN ON THE FACULTY SINCE 1989. LAST



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1 YEAR, HE WAS A RECIPIENT OF THE EL CAMINO DISTINGUISHED
2 PROFESSOR AWARD. HE IS TRULY A HISTORIAN AT HEART. HIS
3 RESEARCH HAS PRESERVED THE HISTORY OF GEORGE FREETH, WHO WAS
4 THE FIRST MODERN OCEAN LIFEGUARD, AND HE HAS ALSO PROVIDED A
5 DETAILED HISTORY OF THE LOS ANGELES COUNTY LIFEGUARDS. ARTHUR
6 IS CURRENTLY WORKING ON HIS NEWEST WORK, WHICH IS ENTITLED
7 "CALIFORNIA, A HISTORY." SO, ON BEHALF OF MY COLLEAGUES AND
8 THE CITIZENS OF LOS ANGELES COUNTY, WE'D LIKE TO PRESENT
9 ARTHUR WITH THIS SCROLL IN RECOGNITION OF HIS 32 YEARS OF
10 SERVICE AND TO THANK YOU FOR ALL HE DOES AND TO SAY GOOD LUCK
11 WITH THAT NEXT BOOK. CONGRATULATIONS.

12

13 **ARTHUR C. VERGE:** THANK YOU SO MUCH, SUPERVISOR. [APPLAUSE]

14

15 **SUP. KNABE:** GOT MOM AND DAD HERE, TOO.

16

17 **ARTHUR C. VERGE:** THIS IS MY MOM, MY DAD AND ERIC ALBERTSON. MY
18 FATHER WAS A LIFEGUARD SINCE THE END OF THE SECOND WORLD WAR,
19 AND THEN HE BECAME A PROFESSOR OF LATIN AMERICAN HISTORY AT
20 SAM WACKA COLLEGE. ERIC I'VE HAD THE HONOR TO SERVE WITH ON
21 THE BEACH AND THE BOOK WE GOT TO ALL THE OTHER MEMBERS OF THE
22 BOARD OF SUPERVISORS ABOUT LOS ANGELES COUNTY LIFEGUARDS AND
23 OUR HISTORY. AND IT WAS WRITTEN FOR ALL THE MEN AND WOMEN THAT
24 HAVE WORKED ON THE BEACH AND ARE CONTINUING TO WORK AND ARE



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1 ABLE TO SAVE, ON AVERAGE, 10,000 LIVES A YEAR. THANK YOU VERY
2 MUCH. [APPLAUSE]

3

4 **SUP. KNABE:** MADAM CHAIR, THANK YOU, I'M FINISHED.

5

6 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH. SUPERVISOR ANTONOVICH.

7

8 **SUP. ANTONOVICH:** THIS MORNING, WE HAVE WITH US OUR DISTRICT
9 ATTORNEY, STEVE COOLEY, AND OUR CHAIRMAN FOR THE DEPARTMENT OF
10 CHILDREN AND FAMILY SERVICES, DR. DAVID SANDERS, TO JOIN US IN
11 THIS SPECIAL PRESENTATION. AND THANKS TO THE COLLABORATION
12 BETWEEN THE DISTRICT ATTORNEY AND THE DEPARTMENT OF CHILDREN
13 AND FAMILY SERVICES, WE HAVE IMPLEMENTED THE PROTECTING OUR
14 KIDS PROGRAM DESIGNED TO HELP PARENTS AND OTHER CONCERNED
15 ADULTS SAFEGUARD THE INTERESTS AND ACTIVITIES OF OUR YOUNG
16 PEOPLE. ONLINE CHILD PORNOGRAPHY SEX EXPLOITATION IS THE MOST
17 SIGNIFICANT CRIME PROBLEM CONFRONTING THE F.B.I. THAT INVOLVES
18 CHILDREN TODAY. ACCORDING TO THE NATIONAL CENTER FOR MISSING
19 AND EXPLOITED CHILDREN, 40% OF ALL ABDUCTED CHILDREN AGES 15
20 TO 17 WERE ABDUCTED AS A RESULT OF THEIR INTERESTS-- INTERNET
21 ACTIVITY. THE PROTECTING OUR KIDS PROGRAM PROVIDES PARENTS,
22 SCHOOLS, LIBRARIANS AND OTHER ADULTS WHO SUPERVISE CHILDREN
23 ONLINE COMPUTER ACTIVITIES, THE TOOLS NEEDED TO PROTECT
24 CHILDREN FROM ONLINE PREDATORS AND PREVENT THEM FROM ENGAGING
25 IN THE INTERNET CRIME. IT INCLUDES A INTERNET SAFETY



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1 MONITORING CD PROVIDED BY THE COMPUTER COP CORPORATION,
2 DEVELOPER OF COMPUTER MONITORING AND FORENSIC TOOLS FOR HOME,
3 CORPORATIONS AND LAW ENFORCEMENT AGENCIES. PROTECTING OUR KIDS
4 RECENTLY RECEIVED AN ACHIEVEMENT AWARD FROM THE NATIONAL
5 ASSOCIATION OF COUNTIES, N.A.C.O., RECOGNIZING IT AS A UNIQUE,
6 INNOVATIVE COUNTY PROGRAM. IT WAS PRODUCED BY SEVEN MEMBERS OF
7 THE DISTRICT ATTORNEY'S OFFICE, OF BUREAU OF CRIME PREVENTION
8 AND YOUTH SERVICES WHO ARE ALSO WITH US HERE TODAY, ALONG WITH
9 THE MEMBERS OF THE D.A.'S BUREAU OF MANAGEMENT BUDGET AS WELL
10 AS THE DEPARTMENT OF CHILDREN AND FAMILY SERVICES WHO WERE
11 INSTRUMENTAL IN OBTAINING THE GRANT FOR THIS-- FROM THE
12 COUNTY'S PRODUCTIVITY AND QUALITY COMMISSION TO PROVIDE THE
13 SOFTWARE TO ALL OF OUR DEPARTMENT OF CHILDREN AND FAMILY
14 SERVICE FOSTER AND ADOPTIVE FAMILIES. SO THANKS TO ALL OF
15 THOSE PARTIES INVOLVED IN PRODUCING THIS EXCELLENT TOOL FOR
16 PARENTS AND WE HAVE NOW REPRESENTATIVES FROM COMPUTER COP HERE
17 TO RECEIVE A SPECIAL PRESENTATION FROM THE DISTRICT ATTORNEY
18 AS WELL. SO LET ME FIRST GIVE THIS TO THE DISTRICT ATTORNEY
19 AND THE DEPARTMENT. [APPLAUSE]

20
21 **SUP. ANTONOVICH:** DISTRICT ATTORNEY, STEVE COOLEY.

22
23 **STEVE COOLEY:** I'D LIKE TO BRING UP THE D.A. STAFF MEMBERS WHO
24 WORKED ON THIS PROJECT, SO COME ON UP HERE AND GET YOUR
25 PICTURE TAKEN. THIS PROTECTING OUR KIDS PROGRAM WAS AN IDEA



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1 THAT OUR CRIME PREVENTION YOUTH SERVICES PEOPLE CAME UP WITH.
2 THEY PULLED TOGETHER AS A TEAM, DEVELOPED AN INCREDIBLE CRIME
3 PREVENTION TOOL THAT WILL HELP PARENTS PROTECT THEIR CHILDREN
4 FROM MISUSING THE INTERNET OR BEING VICTIMIZED BY SOME
5 PREDATOR TRYING TO REACH THEM OVER THE INTERNET. WE'RE VERY,
6 VERY PROUD OF THIS PROGRAM. IT HAS BROUGHT THE COUNTY SOME
7 REAL DISTINCTION. WE DID RECEIVE A NATIONAL AWARD FROM THE
8 NATIONAL ASSOCIATION OF COUNTIES FOR INNOVATION BASED UPON
9 THIS PROGRAM. WE COULD NOT HAVE DONE IT, HOWEVER, WITHOUT
10 PARTNERING UP WITH THE COMPUTER COP PEOPLE, AND HERE TODAY IS
11 THEIR PRESIDENT, STEVE DALJOURNO, JIM MARR AND ALLISON
12 WHITNEY. THEY PROVIDED THEIR GREAT PRODUCT TO US AT A GREATLY
13 REDUCED PRICE SO WE COULD GET OUT THERE TO THE PUBLIC, THROUGH
14 THE P.T.A. AND OTHERS TO TRULY HELP PARENTS PROTECT THEIR
15 KIDS. SO, WITH THAT, I'D LIKE TO GIVE THIS AWARD TO STEVE
16 DALJOURNO FROM COMPUTER COP AND ALSO I WANT TO ACKNOWLEDGE AND
17 THANK MY STAFF MEMBERS WHO WORKED SO DILIGENTLY AND CREATIVELY
18 TO COME UP WITH A PROTECTING OUR KIDS PROGRAM, WHICH YOU CAN
19 ALL CHECK OUT ON LACOUNTYDA.ORG. [APPLAUSE]

20

21 **STEVE DALJOURNO:** I'D JUST LIKE TO THANK STEVE COOLEY FOR
22 HAVING US HERE TODAY. WE REALLY APPRECIATE THIS OPPORTUNITY TO
23 BE PART OF THIS PROGRAM AND WE JUST REALLY DO APPRECIATE THE
24 OPPORTUNITY. THANK YOU VERY MUCH. [APPLAUSE]

25



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1 **SUP. ANTONOVICH:** LET ME MAKE THE PRESENTATIONS TO CAROL BAKER,
2 WHO IS THE DIRECTOR OF THE D.A.'S BUREAU OF CRIME AND
3 PREVENTATIVE YOUTH SERVICES. [APPLAUSE]

4
5 **SUP. ANTONOVICH:** LEWIS ALVAREZ, COMMUNITY OUTREACH
6 REPRESENTATIVE, WRITER, EDITOR AND RESEARCHER. [APPLAUSE]

7
8 **SUP. ANTONOVICH:** MIA BAKER, D.A.'S BUREAU OF MANAGEMENT AND
9 BUDGET. [APPLAUSE]

10
11 **SUP. ANTONOVICH:** MARK DELGADO, COMMUNITY OUTREACH
12 REPRESENTATIVE, RESEARCHER AND EDITOR. [APPLAUSE]

13
14 **SUP. ANTONOVICH:** DAN LAVIGNE, GRAPHIC ARTIST, GRAPHIC DESIGN.
15 [APPLAUSE]

16
17 **SUP. ANTONOVICH:** ALEX LUNA, GRAPHICS UNIT, SUPERVISOR,
18 GRAPHICS DESIGN MANAGEMENT. [APPLAUSE]

19
20 **SUP. ANTONOVICH:** JOHN STEVENS, WEB MASTER, CONSULTANT AND
21 ENGINEER. [APPLAUSE]

22
23 **SUP. ANTONOVICH:** BEVERLY YATES, THE DEPARTMENT OF CHILDREN AND
24 FAMILY SERVICES. [APPLAUSE]

25



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1 **SUP. ANTONOVICH:** NOW WE WOULD LIKE TO RECOGNIZE ONE OF OUR
2 COUNTY EMPLOYEES, WHO HAS RECENTLY RETURNED FROM HIS TOUR OF
3 DUTY FROM IRAQ. I'D LIKE TO CALL UP DR. MARVIN SOUTHARD FROM
4 THE DEPARTMENT OF MENTAL HEALTH TO MAKE THIS PRESENTATION TO
5 CAPTAIN ROBERT DECARLO. CAPTAIN DECARLO FOR 12 MONTHS IN THE
6 UNITED STATES ARMY MEDICAL COMPANY COMBAT STRESS CONTROL,
7 PROVIDING MENTAL HEALTH PREVENTION, INTERVENTION SERVICES FOR
8 TROOPS TO REMAIN WITH THEIR UNITS AND AVOID ANY PROBLEMS. HE
9 EDUCATED TROOPS AND THEIR CHAIN OF COMMAND ABOUT SYMPTOMS OF
10 COMBAT, OPERATIONAL STRESS REACTIONS, TECHNIQUES THAT THEY
11 WOULD USE TO COUNTER THESE REACTIONS, STRESS AND ANGER
12 MANAGEMENT AND COUNSELING THROUGH INDIVIDUAL AND GROUP
13 SESSIONS. I THINK THEY'LL ALSO BE AVAILABLE FOR THE MEMBERS OF
14 THE BOARD OF SUPERVISORS. [LAUGHTER] A SIX-YEAR EMPLOYEE OF
15 THE DEPARTMENT OF MENTAL HEALTH, CAPTAIN DECARLO CONTINUES TO
16 PROVIDE CRISIS INTERVENTION SERVICES AS PART OF THE
17 DEPARTMENT'S PSYCHIATRIC MOBILE RESPONSE TEAM. HE ALSO USED
18 HIS CRISIS INTERVENTION SKILLS AND STRESS CONTROL KNOWLEDGE
19 AND EXPERIENCE TO ASSIST THOSE VICTIMS OF THE RECENT GLENDALE
20 TRAIN DERAILMENT. HE'S SCHEDULED TO BE DEPLOYED TO EGYPT IN
21 SEPTEMBER OF THIS YEAR TO CONTINUE THIS VITAL WORK AND WE WISH
22 HIM CONTINUED SUCCESS WITH THOSE EFFORTS. WITH US THIS MORNING
23 IS HIS FATHER, JOSEPH DECARLO, HIS BROTHER, THOMAS AND SISTER-
24 IN-LAW, CAROLINE, DR. TONY BELIZE, WHO'S THE DIRECTOR OF
25 EMERGENCY OUTREACH BUREAU; PAUL ZOCCO, SUPERVISING SOCIAL



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1 WORKER; AND DR. ERMA CASTANEDA, DISTRICT CHIEF, EMERGENCY
2 OUTREACH BUREAU. SO CAPTAIN, ROBERT? [APPLAUSE]

3

4 **CAPTAIN ROBERT DECARLO:** I'D LIKE TO THANK DR. SOUTHARD, DR.
5 BELIZE, AND DR. CASTANEDA FOR WRITING UP THIS AWARD BUT
6 PERSONALLY, I'D LIKE TO THANK THE MEN AND WOMEN OF THE ARMED
7 FORCES THAT WE HAD THE HONOR TO SERVE. WITH MY COUNTY SERVICE,
8 I COULDN'T HAVE DONE THAT WITHOUT THE SUPPORT OF MY SUPERVISOR
9 AND MY FELLOW EMPLOYEES THAT YOU SEE BEHIND ME AND OUT THERE
10 IN THE AUDIENCE THAT SEND CAKES AND EVERYTHING THEY COULD,
11 ESPECIALLY EMAILS BUT, PERSONALLY, ON BEHALF OF THE SOLDIERS
12 OF THE 113TH MEDICAL COMPANY, IT WAS OUR HONOR TO SERVE THE
13 MEN AND WOMEN THAT YOUR BROTHERS AND SISTERS, DAUGHTERS AND
14 SONS OUT THERE. SO IT WAS AN HONOR AND I APPRECIATE THIS
15 RECOGNITION. [APPLAUSE]

16

17 **MARVIN SOUTHARD:** WE MISSED CAPTAIN DECARLO WHILE HE WAS GONE.
18 WE'RE GLAD TO HAVE HIM BACK FOR AWHILE. HE IS REALLY AN
19 IMPORTANT PART OF OUR TEAM. AND OFTEN WE TALK ABOUT THE WORD
20 "HERO" LIGHTLY BUT I THINK CAPTAIN DECARLO IS ONE OF THE
21 PEOPLE THAT WE CAN REALLY SAY HE IS A HERO FOR PROVIDING THOSE
22 SOLDIERS THE CRISIS INTERVENTION SERVICES THEY NEED TO KEEP
23 GOING, SO WE'RE REALLY PROUD TO HAVE HIM AS A PART OF OUR
24 TEAM. [APPLAUSE]

25



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1 **SUP. ANTONOVICH:** THE NISEI COURT IS AT THE CITY OF LOS ANGELES
2 AND THEY'LL BE HERE SHORTLY, SO WE'RE GOING TO DELAY THAT
3 PRESENTATION AND BRING UP LITTLE GINGER, WHO IS A LITTLE WHITE
4 AND GRAY RABBIT WHO IS EIGHT WEEKS OLD WHO IS LOOKING FOR A
5 HOME. PEOPLE DON'T REALIZE, WE HAVE A NUMBER OF RABBITS AND
6 THEY'RE HIGHLY ADOPTABLE. YOU CAN CALL AREA CODE (562) 728-
7 4644 AND WE HAVE WONDERFUL ANIMALS: DOGS, CATS AND LITTLE
8 RABBITS, WHO IS LOOKING FOR A LITTLE HOME. SO ANYBODY IN THE
9 AUDIENCE LIKE TO-- NO STEW. THIS IS FOR A PET. EIGHT WEEKS
10 OLD, LITTLE GINGER. SUPERVISOR BURKE, ANY PRESENTATIONS?
11 SUPERVISOR YAROSLAVSKY, ANY PRESENTATIONS?

12

13 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO, MR. KNABE, WHY DON'T WE
14 BEGIN WITH YOUR SPECIALS.

15

16 **SUP. KNABE:** THANK YOU, MADAM CHAIR. A COUPLE OF ADJOURNMENTS
17 THIS MORNING. FIRST OF ALL, THAT WE ADJOURN IN MEMORY OF
18 RICHARD, DICK, DODRILL, WHO PASSED AWAY ON JUNE 27TH AT THE
19 AGE OF 87. HE CAME TO CALIFORNIA IN THE EARLY '20S TO WORK AT
20 DOUGLAS AIRCRAFT IN SANTA MONICA, LONG BEACH, AND HE HAD A
21 UNIQUE MIX OF TALENTS AS SALESMAN, ENGINEER AND MANUFACTURER.
22 HE STRUCK OUT ON HIS OWN AND, OVER THE YEARS, HE OWNED
23 BUSINESSES OF MANUFACTURING FURNITURE AND ELECTRICAL
24 ADJUSTABLE BEDS. HE OWNED FLEX-A-BED FOR MORE THAN 30 YEARS.
25 GOLFING, SAILING AND FLYING BROUGHT HIM MUCH ENJOYMENT. HE



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1 HELD A PRIVATE PILOT'S LICENSE, WAS A MEMBER OF VIRGINIA
2 COUNTRY AND THE LONG BEACH YACHT CLUB FOR MANY YEARS. HE WAS
3 PRECEDED IN DEATH BY HIS WIFE OF 54 YEARS, DORLIS, AND HIS
4 BROTHER, MORRIS. HE IS SURVIVED BY HIS SON, DAVID, DAUGHTERS,
5 DIANE, DENISE, GRANDCHILDREN SARA, LUKE, JOHN AND LISA,
6 SISTER, CAROLYN AND SISTER-IN-LAW, VERA. HE WILL BE MISSED BY
7 ALL WHO KNEW HIM. HE HAD A GREAT SPIRIT. ALSO THAT WE ADJOURN
8 IN MEMORY OF ELLIOTT GRAY, A 34-YEAR RESIDENT OF CERRITOS WHO
9 PASSED AWAY RECENTLY. HE WAS VERY ACTIVE IN OUR COMMUNITY. HE
10 SERVED AS SECRETARY OF THE OPTIMISTS' CLUB. HE WAS FIVE-YEAR
11 PRESIDENT OF THE CERRITOS GIRLS SOFTBALL LEAGUE. HE WAS A
12 VOLUNTEER ON PATROL, A CITY HOPE VOLUNTEER AND A MEMBER OF THE
13 SAFETY COMMISSION IN CERRITOS. HE IS SURVIVED BY HIS WIFE,
14 JANET, SON, GARY, DAUGHTER, LAURIE AND FIVE GRANDCHILDREN.
15 ALSO THAT WE ADJOURN IN MEMORY OF JOANNE O'BYRNE, A WELL-
16 KNOWN VETERAN LONG BEACH ACTIVIST WHO PASSED AWAY AT THE AGE
17 OF 77. SHE WORKED VERY HARD TO BUILD BRIDGES BETWEEN MANY OF
18 THE CITY'S MANY ETHNIC COMMUNITIES AND IS CREDITED WITH
19 HELPING THE STUDENTS OF POLY HIGH, WHERE SHE ONCE TAUGHT, HOW
20 TO OVERCOME RACIAL STRIFE DURING THE '60S AND '70S. IN 1961,
21 SHE MADE HER WAY TO LONG BEACH WHERE SHE TAUGHT AT POLY
22 LAKEWOOD WILSON AND ROGERS MIDDLE SCHOOL DURING HER 27-YEAR
23 CAREER WITH LONG BEACH UNIFIED. SHE ALSO TAUGHT AT LONG BEACH
24 CITY. IN THE '80S, SHE MET AND MARRIED ART O'BYRNE, ANOTHER
25 TEACHER AND THE TWO SPENT THE NEXT 21 YEARS TRAVELING. THEY



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1 WERE MEMBERS OF THE CIVIC GROUP, LONG BEACH AREA CITIZENS
2 INVOLVED, AND THEY LOBBIED RELENTLESSLY FOR THE CREATION OF A
3 CITIZENS POLICE COMPLAINT COMMISSION. SHE WAS VERY WELL KNOWN
4 IN THE COMMUNITY FOR HER ACTIVISM ON BEHALF OF VARIOUS
5 ORGANIZATIONS. SHE WILL BE MISSED BY ALL. THOSE ARE MY
6 ADJOURNMENTS, MADAM CHAIR.

7

8 **SUP. MOLINA, CHAIR:** SO ORDERED ON THOSE ADJOURNMENTS.

9

10 **SUP. KNABE:** I DON'T HAVE ANY OTHER ITEMS.

11

12 **SUP. MOLINA, CHAIR:** ALL RIGHT. SUPERVISOR ANTONOVICH, YOUR
13 SPECIALS.

14

15 **SUP. ANTONOVICH:** I'D LIKE TO MOVE THAT, WHEN WE ADJOURN TODAY,
16 WE ADJOURN IN MEMORY OF KATY RZONCA, WHO IS THE MAYOR FOR
17 WALNUT, WHO PASSED AWAY YESTERDAY.

18

19 **SUP. KNABE:** I'D LIKE TO BE ON THAT AS WELL.

20

21 **SUP. ANTONOVICH:** SHE HAD MOVED BACK TO WALNUT IN 1959 AND
22 RAISED FOUR SONS IN THE COMMUNITY. SHE SERVED AS THE CITY'S
23 REPRESENTATIVE TO THE JOINT POWERS AUTHORITY, THE LOS ANGELES
24 COUNTY CITY SELECTION COMMITTEE, THE L.A. COUNTY SANITATION
25 DISTRICT, THE SAN GABRIEL VALLEY COUNCIL OF GOVERNMENTS, ALONG



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1 WITH BEING A MEMBER OF THE ALTERNATE MEMBER TO THE ALAMEDA
2 CORRIDOR EAST BOARD. ANDY BEARD, ACTIVE MEMBER OF THE BOY
3 SCOUTS OF AMERICA FOR THE PAST 31 YEARS. HE WAS 39 YEARS OLD.
4 HE PASSED AWAY ON AUGUST 2ND. HE WAS INVOLVED IN MANY OTHER
5 ORGANIZATIONS, INCLUDING THE SOUTHERN CALIFORNIA JUDGE'S
6 ASSOCIATION, THE SACRED HEART EDUCATIONAL ENDOWMENT FUND AND
7 OTHERS. ALBERTA BELL, WHO WAS ACTIVE IN THE COMMUNITY, IN THE
8 CHRISTIAN ENDEAVOR AT THE PRESBYTERIAN CHURCH IN ACTON AND
9 THEY WERE WORLD TRAVELERS, SHE AND HER HUSBAND, AND WAS QUITE
10 INVOLVED IN OUR COMMUNITY. GISELE KARSA AND HER HUSBAND, WHO
11 WERE TRAGICALLY KILLED THIS PAST WEEK ON THE 101 FREEWAY. IT
12 WAS ON A FRIDAY AFTERNOON AND MANY OF YOU WILL REMEMBER THAT
13 BECAUSE IT BASICALLY SHUT DOWN THE ENTIRE FREEWAY NETWORK AT
14 1:50 IN THE AFTERNOON BY BEING REAR-ENDED BY A CAR THAT FORCED
15 THEM INTO ANOTHER LANE AND SHE AND HER HUSBAND WERE KILLED.
16 WHICH GOES-- SHOULD ALWAYS REALIZE THAT, JUST BECAUSE WE WAKE
17 UP IN THE MORNING, DOESN'T MEAN WE'RE GOING TO BE THERE AT
18 NIGHT. AND YOU SHOULD TREAT EACH DAY AS YOUR LAST DAY. SHE WAS
19 QUITE INVOLVED IN GLENDALE AS A LOCAL REALTOR AND DIRECTOR OF
20 THE GLENDALE ASSOCIATION OF REALTORS. SHE LEAVES HER FAMILY,
21 HER DAUGHTER, AGNES, AND HER SON-IN-LAW, RICHARD HUFF. BRUCE
22 JOSEPH ROGERS, WHO WAS RETIRED FROM THE UNITED STATES
23 DEPARTMENT OF AGRICULTURE AFTER 30 YEARS OF SERVICE AS A BIO-
24 CHEMIST AND HIS-- ONE OF HIS CHILDREN IS DR. CHRISTOPHER
25 ROGERS, WHO IS THE CHIEF FORENSIC MEDICINE DIVISION AT OUR



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1 DEPARTMENT OF CORONER. ALSO LIKE TO ADJOURN IN MEMORY OF A
2 FRIEND WHOM I MET BACK IN 1969 WHEN HE WAS A FELLOW CANDIDATE
3 WHEN I RAN FOR THE LOS ANGELES COMMUNITY COLLEGE BOARD OF
4 TRUSTEES. I WENT ON TO THE STATE LEGISLATURE AND BOARD OF
5 SUPERVISORS AND JUDGE ROBERT WEIL BECAME A DISTINGUISHED
6 MEMBER OF THE SUPERIOR COURT IN LOS ANGELES COUNTY. HE WAS
7 QUITE INVOLVED AND A LEADER IN THE JUDICIAL FIELD,
8 SPECIALIZING IN BUSINESS ENTERTAINMENT, REAL ESTATE LITIGATION
9 AND, EVEN THOUGH HE RETIRED, HE REMAINED A WORKING JUDGE,
10 MEDIATING MANY DISPUTES OUTSIDE THE COURTROOM. HE LEAVES HIS
11 WIFE OF 40 YEARS AND HIS TWO CHILDREN, JANET KROPP AND TOM
12 EUDELL, AND TWO SONS FROM A PREVIOUS MARRIAGE, DAVID AND TIM
13 WEIL. WE HAD AN OPPORTUNITY TO SEE ONE ANOTHER IN THE BASEMENT
14 COMING IN, IN THE MORNINGS TO WORK MANY TIMES. ANOTHER GOOD
15 FRIEND, OUTSTANDING JURIST, JUDGE GILBERT ALSTON, WHO IS
16 CREDITED WITH OPENING UP THE STATE'S COURTS TO TELEVISION
17 COVERAGE, PASSED AWAY AT THE AGE OF 74. HE WAS A NATIVE OF
18 PHILADELPHIA, SERVED AS A7 CAPTAIN AND FIGHTER PILOT IN THE
19 UNITED STATES AIR FORCE DURING THE KOREAN WAR. HE WORKED AS A
20 DEPUTY PROBATION OFFICER, INVESTIGATOR FOR THE COUNTY DISTRICT
21 ATTORNEY BEFORE HE WENT TO LAW SCHOOL. HE OPENED A PRIVATE
22 PRACTICE WITH RONALD HAUPTMAN, NOW A LOS ANGELES SUPERIOR
23 COURT JUDGE, AND HE BECAME FIRST PASADENA'S AFRICAN-AMERICAN
24 JUDGE WHEN HE WAS APPOINTED BY GOVERNOR RONALD REAGAN AT THE
25 TIME AND ELEVATED BY JUDGE-- OR GOVERNOR BROWN WHEN GOVERNOR



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1 REAGAN BECAME-- RAN FOR THE PRESIDENCY. HE WAS ELEVATED TO THE
2 SUPERIOR COURT BUT HE STAYED INVOLVED IN THE PASADENA
3 COMMUNITY AND ALTADENA AND WAS A GOOD MAN AND A GOOD LEADER.
4 THOSE ARE MY-- AND THE OTHER ONE IS NATHAN ASHER OF ARCADIA, A
5 GRADUATE OF THE UNITED STATES NAVAL ACADEMY. HE WAS RETIRED
6 WITH THE RANK OF COMMANDER AND WAS INVOLVED-- HE WAS A PEARL
7 HARBOR VETERAN WITH A LONG DISTINGUISHED CAREER IN THE NAVY
8 FROM THE SAN GABRIEL VALLEY. THOSE ARE MY ADJOURNMENTS.

9

10 **SUP. MOLINA, CHAIR:** SO ORDERED ON THOSE ADJOURNMENTS.

11

12 **SUP. ANTONOVICH:** ITEM NUMBER 65-B.

13

14 **SUP. MOLINA, CHAIR:** ON 65-E, IS THAT CORRECT?

15

16 **SUP. ANTONOVICH:** "B" AS IN BOY.

17

18 **SUP. MOLINA, CHAIR:** OKAY. I HAVEN'T READ THE BILL BUT I'D LIKE
19 AN OPPORTUNITY TO DO SO. MY STAFF WAS TRYING TO GET IT BUT,
20 SUPERVISOR YAROSLAVSKY, YOU WANTED TO CONTINUE THAT ITEM FOR A
21 WEEK?

22

23 **SUP. YAROSLAVSKY:** FOR THE EXACT SAME REASON. I HAVE NOT SEEN
24 THE BILL. SO ONE WEEK IS-- I THINK GIVES US ENOUGH TIME.

25



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1 **SUP. ANTONOVICH:** THAT'S FINE. IT'S CO-AUTHORED BY, I BELIEVE
2 IT'S SENATOR FLORES. IT'S A BIPARTISAN BILL, ABOUT 40 MEMBERS
3 OR MORE OF THE STATE LEGISLATURE HAVE CO-AUTHORED THAT BUT A
4 ONE WEEK OR TWO-WEEK CONTINUANCE IS FINE. ONE WEEK OR TWO
5 WEEKS?

6

7 **SUP. BURKE:** ALSO, I WON'T BE HERE NEXT WEEK BUT WHAT I WANT TO
8 JUST FIND OUT IS WHAT IS DIFFERENT THAN IN CALIFORNIA LAW.

9

10 **SUP. ANTONOVICH:** OKAY. LET'S ASK COUNTY COUNSEL.

11

12 **SUP. BURKE:** AND THIS BILL, WHAT DOES THIS BILL ADD TO OUR
13 PRESENT CALIFORNIA LAW?

14

15 **SUP. MOLINA, CHAIR:** HAVE YOU READ THE BILL YET?

16

17 **SUP. ANTONOVICH:** GIVE US A REPORT ON THAT.

18

19 **RAYMOND G. FORTNER, JR.:** WE HAVE SUBMITTED-- MADAM CHAIR,
20 MEMBERS OF THE BOARD, WE HAVE SUBMITTED A REPORT DESCRIBING
21 THE DIFFERENCES BETWEEN THIS BILL AND EXISTING CALIFORNIA LAW
22 AND THE KILO DECISION AND HOW THE KILO DECISION DOES NOT HAVE
23 IMMEDIATE IMPACT IN CALIFORNIA.

24

25 **SUP. MOLINA, CHAIR:** YOU ALREADY HAVE THAT MEMO?



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1

2 **RAYMOND G. FORTNER, JR.:** YES.

3

4 **C.A.O. JANSSEN:** I THINK A CONTINUANCE FOR EITHER ONE OR TWO
5 WEEKS WOULD BE FINE.

6

7 **SUP. BURKE:** WOULD YOU MIND TWO WEEKS?

8

9 **C.A.O. JANSSEN:** WE HAVE THE MEMO BUT I WOULD LIKE TO READ THE
10 BILL MYSELF ACTUALLY.

11

12 **SUP. YAROSLAVSKY:** I'LL MOVE IT FOR TWO WEEKS.

13

14 **SUP. BURKE:** BECAUSE I REALLY WANT TO GET SOME FULL
15 UNDERSTANDING OF THE IMPACT IN TERMS OF SOME OF OUR PARKS AND
16 SOME...

17

18 **C.A.O. JANSSEN:** RIGHT, REDEVELOPMENT IN...

19

20 **SUP. MOLINA, CHAIR:** VERY GOOD. ALL RIGHT. WE WILL CONTINUE
21 THAT ITEM FOR TWO WEEKS.

22

23 **SUP. ANTONOVICH:** ITEM NUMBER 22.

24



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1 **SUP. MOLINA, CHAIR:** 22. ALL RIGHT. THAT WAS HELD FOR MR.
2 BAXTER. MR. BAXTER, WOULD YOU PLEASE JOIN US? PLEASE PROCEED,
3 MR. BAXTER.

4
5 **PETER BAXTER:** MADAM CHAIR, MEMBERS OF YOUR HONORABLE BOARD,
6 MR. JANSSEN, LADIES AND GENTLEMEN, MY NAME IS PETER BAXTER AND
7 I LIVE IN LOS ANGELES. IT IS RESPECTFULLY SUBMITTED THAT THIS
8 AGENDA ITEM IS TO PROVIDE FOR THE MAINTENANCE OF HELICOPTERS.
9 I AM CONFINING MY COMMENTS TO THE PRACTICE OF DROPPING WATER
10 ON BRUSH FIRES. THAT UNDERTAKING IS DANGEROUS AND, TO A GREAT
11 EXTENT, INEFFECTIVE. THE BEST THAT CAN HAPPEN TO A BRUSH FIRE
12 IS THAT IT SHOULD BURN ITSELF OUT. THE BEST THAT CAN HAPPEN TO
13 A PROPERTY THREATENED BY A BRUSH FIRE IS THAT IT SHOULD BE
14 PROTECTED BY A SHIELD, A VIRTUAL WALL OF STEAM. A BRUSH FIRE
15 IS INCAPABLE OF PENETRATING A VIRTUAL WALL OF STEAM. THE
16 REASON WE LOSE AS MANY AS 2,000 HOMES IN ONE BRUSH FIRE IS
17 BECAUSE WE ABANDON THESE HOMES, WE LEAVE THEM ISOLATED AND
18 WITHOUT PROTECTION FROM FIRE. HEAVY FIRE TRUCKS ARE DIFFICULT,
19 OFTEN IMPOSSIBLE TO MANEUVER IN HEAVILY WOODED ROADS IN THE
20 HILLS WHERE BRUSH FIRES DESTROY SO MANY HOMES. HOMEOWNERS ARE
21 ORDERED TO ABANDON THEIR HOMES WHEN THEY WOULD WILLINGLY RENT
22 ONE OR MORE STEAM-GENERATING UNITS, TOGETHER WITH OPERATORS,
23 TO DELUGE THEIR PROPERTIES WITH STEAM FOR THE FEW MINUTES THAT
24 THEIR PROPERTIES ARE THREATENED. NO EFFORT IS MADE AT PRESENT
25 TO PROTECT PROPERTY WITH STEAM WHICH IS EASILY GENERATED FROM



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1 AN ADEQUATE SOURCE OF WATER PROVIDED AT EACH PROPERTY IN
2 ANTICIPATION OF THE NEED. AND, MADAM CHAIR, ON FRIDAY LAST, I
3 WAS ON THE METRO RAIL GOING TO LONG BEACH AND A YOUNG MAN GOT
4 ON, HE TOLD ME HIS AGE WAS 18, AND HE HAD A SHIRT AND, ON THAT
5 SHIRT IT SAID, "INDEPENDENT--" LET'S SEE. IT SAID-- I'VE
6 FORGOTTEN THE NAME OF IT BUT, ANYWAY, HE SAID THE DEPARTMENT
7 OF COMMERCE, STANDARDS OF-- INSTITUTE OF STANDARDS AND
8 TECHNOLOGY, ELECTRICITY. HE WAS TAKING A COURSE IN THE VERY
9 SAME STUFF THAT MR. LAVINE WAS TALKING ABOUT HERE, AND HE GOT
10 OFF AT PACIFIC COAST HIGHWAY. AND, AS I UNDERSTOOD IT, HE WAS
11 GOING TO A CAMPUS WHERE HE WAS GOING TO COMPLETE THIS COURSE
12 IN ELECTRICAL STUDY AND I JUST BRING THAT TO YOUR KIND
13 ATTENTION, ALL OF WHICH IS RESPECTFULLY SUBMITTED AND I THANK
14 YOU, MADAM CHAIR.

15

16 **SUP. MOLINA, CHAIR:** THANK YOU, MR. BAXTER. THAT ITEM IS BEFORE
17 US. MOVED BY SUPERVISOR ANTONOVICH, SECONDED BY SUPERVISOR
18 BURKE. IF THERE'S NO OBJECTION, SO ORDERED ON ITEM NUMBER 22.

19

20 **SUP. ANTONOVICH:** ITEM NUMBER 3.

21

22 **SUP. MOLINA, CHAIR:** ITEM 3. DR. CLAVREUL, IF YOU'D JOIN US
23 PLEASE. SUPERVISOR ANTONOVICH, WOULD YOU RATHER MOVE THIS OVER
24 ALONG WITH THE SET ITEM?

25



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1 **SUP. ANTONOVICH:** I HAVE NO PROBLEM WITH THAT.

2

3 **SUP. MOLINA, CHAIR:** ALL RIGHT. DR. CLAVREUL, WHY DON'T WE WAIT
4 THEN UNTIL IT'S A SET ITEM AND WE'LL HAVE ALL OF THOSE ITEMS
5 TOGETHER.

6

7 **SUP. ANTONOVICH:** ITEM NUMBER 8, I HAVE SOME QUESTIONS FOR OUR
8 C.A.O. MR. JANSSEN, ON SENATE BILL 840, QUESTIONS, HOW OFTEN
9 WOULD THE HEALTH INSURANCE COMMISSIONER AUDIT THE CALIFORNIA
10 HEALTH INSURANCE AGENCY, ITS COMMITTEES AND ITS BOARDS?

11

12 **C.A.O. JANSSEN:** I DO NOT KNOW THE ANSWER TO THAT, SUPERVISOR.

13

14 **SUP. ANTONOVICH:** ONE OF THE PROBLEMS IS THERE'S NO BOARD OR
15 AGENCY OR COMMITTEE THAT AUDITS THE AGENCY. THAT'S ONE OF THE
16 SHORTCOMINGS. HOW WOULD THE NEW HEALTH INSURANCE AGENCY
17 PREVENT INDIVIDUALS FROM OTHER STATES OR COUNTRIES FROM COMING
18 TO CALIFORNIA TO ACCESS HEALTHCARE SYSTEM?

19

20 **C.A.O. JANSSEN:** THE QUESTIONS OR THE ISSUES YOU HAVE ABOUT THE
21 BILL ARE ISSUES RELATED TO WHETHER OR NOT A SINGLE PAYER
22 SYSTEM MAKES ANY SENSE OR NOT. YOU KNOW, WE'RE CLEARLY NOT
23 EXPERTS ON A SINGLE PAYER SYSTEM. THE BOARD HAS TAKEN ACTION
24 PREVIOUSLY ON THIS ISSUE. WE CAN CERTAINLY FIND SOMEONE THAT
25 IS MORE EXPERT. PERHAPS SENATOR KUEHL WOULD HAVE SOMEBODY ALSO



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1 THAT COULD ALSO DISCUSS THIS BUT THE UNIVERSAL HEALTHCARE
2 COVERAGE HAS MANY PROS AND CONS THAT HAVE BEEN DISCUSSED OVER
3 THE YEARS AND THIS DOESN'T RESOLVE ANY OF THOSE ISSUES. BUT IT
4 IS, I BELIEVE, AN ATTEMPT TO TRY TO DO SOMETHING ABOUT THE
5 HEALTHCARE CRISIS IN CALIFORNIA.

6

7 **SUP. ANTONOVICH:** WOULD THE CONSUMERS HAVE THE FLEXIBILITY OF
8 SELECTING DIFFERENT TYPES OF HEALTH INSURANCE CARE COVERAGE IF
9 THIS WAS ENACTED INTO LAW?

10

11 **C.A.O. JANSSEN:** I CAN'T ANSWER THAT.

12

13 **SUP. ANTONOVICH:** IT'S MY UNDERSTANDING THEY DON'T HAVE THAT
14 OPPORTUNITY-- WOULD NOT HAVE THAT OPPORTUNITY. WHAT TYPE OF
15 HEALTHCARE SERVICES WOULD BE EXCLUDED BY THE BENEFIT PACKAGE
16 PROVIDED BY THIS BILL?

17

18 **C.A.O. JANSSEN:** SAME RESPONSE.

19

20 **SUP. ANTONOVICH:** THE SINGLE PAYER SYSTEM OF HEALTHCARE IS
21 BETTER. THE PROBLEM, STATISTICALLY SPEAKING, BETWEEN CANADA
22 AND THE UNITED STATES, 18 DOCTORS AND NURSES IMMIGRATE FROM
23 CANADA TO THE UNITED STATES EACH YEAR. FROM THE UNITED STATES,
24 WE HAVE ABOUT EVERY ONE DOCTOR OR NURSE WHO IMMIGRATES FROM
25 THE UNITED STATES TO CANADA AND THAT'S ONE OF THE...



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1

2 **C.A.O. JANSSEN:** THAT ISSUE IS RELATED TO THE...

3

4 **SUP. ANTONOVICH:** ...THE ISSUES. HOW WOULD SINGLE PAYER SYSTEM
5 OF HEALTHCARE AFFECT PRIVATE INVESTMENT IN HEALTHCARE?

6

7 **C.A.O. JANSSEN:** I DO NOT KNOW.

8

9 **SUP. ANTONOVICH:** SO THAT WOULD IMPACT OUR HOSPITALS AS WELL,
10 OUR PRIVATE HOSPITALS. WHAT SPECIFIC TAXES WOULD BE INCREASED
11 TO PAY FOR THE STARTUP OF THE AGENCY?

12

13 **C.A.O. JANSSEN:** I DON'T BELIEVE THAT THIS PARTICULAR BILL IS
14 PROPOSING ANY TAXES BE RAISED, NOT THAT IT WOULDN'T RESULT IN
15 THAT BUT I DON'T THINK IT'S IN THIS BILL.

16

17 **SUP. ANTONOVICH:** REQUIRES, I KNOW, A LOAN FROM THE STATE
18 TREASURY TO OPERATE. WHAT COST WOULD BE ADDED TO ANY OF THE
19 PRIVATE SECTOR IF THIS WAS ADOPTED?

20

21 **C.A.O. JANSSEN:** I THINK THERE'S-- THERE ARE ARGUMENTS ON BOTH
22 SIDES OF THAT THAT THERE WOULD BE SUBSTANTIAL SAVINGS IN THE
23 CURRENT HEALTHCARE SYSTEM THAT WOULD MORE THAN OFFSET THE
24 ADDITIONAL COSTS BUT, AGAIN, I THINK THERE ARE ARGUMENTS ON
25 BOTH SIDES OF THAT ISSUE AS TO WHAT REALLY WOULD HAPPEN.



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1

SUP. ANTONOVICH: THE PROBLEM THAT I HAVE IS THAT YOU'D BE CREATING A HEALTHCARE SYSTEM TO PROVIDE FOR ALL OF YOUR HEALTH NEEDS WHICH WOULD BE SIMILAR TO THE DEPARTMENT OF MOTOR VEHICLES REGISTRATION AND RENEWALS OF YOUR LICENSE EACH YEAR, WHICH IS A BUREAUCRATIC NIGHTMARE, BUT NOW YOU WOULD HAVE THAT IN YOUR MEDICAL FIELD. WITHOUT QUESTION, THROUGH COMPETITION, THE PRIVATE SECTOR DOES A BETTER JOB THAN PROVIDING ONE OPTION AND CANADA HAS POINTED THAT OUT BECAUSE, IN CANADA, YOU HAVE TO WAIT MANY MONTHS FOR VARIOUS TYPES OF SURGERIES, FROM APPENDECTOMIES TO OTHERS AND THAT'S WHY YOU HAVE MANY-- THOSE PEOPLE IN CANADA GOING TO NEW YORK AND NEW JERSEY FOR THOSE TYPES OF PROCEDURES WHERE THERE IS NOT SUCH A WAITING LIST. AND WITH THOSE, THERE'S A LARGE NUMBER OF ASSOCIATIONS AND GROUPS WHO HAVE OPPOSED THIS. WOULD ALSO HELP PRICE MANY OF OUR EMPLOYMENT OPPORTUNITIES OUT OF THE REALM OF BEING COMPETITIVE, SO THOSE BUSINESSES WOULD LEAVE TO NEIGHBORING STATES AND THERE WOULD BE A DISADVANTAGE. SO I WOULD OPPOSE SENATOR KUEHL'S LEGISLATION.

20

SUP. MOLINA, CHAIR: ALL RIGHT. DO YOU WANT TO TAKE A ROLL CALL ON THAT ITEM, PLEASE?

23

CLERK VARONA-LUKENS: AND WHO MADE THE MOTION, MADAM CHAIR?

25



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The Los Angeles County Board of Supervisors**

1 **SUP. YAROSLAVSKY:** I'LL MOVE IT.

2

3 **SUP. MOLINA, CHAIR:** MOVED BY SUPERVISOR YAROSLAVSKY, SECONDED
4 BY MYSELF. THIS IS THE KUEHL BILL. RIGHT?

5

6 **SUP. YAROSLAVSKY:** YES.

7

8 **SUP. MOLINA, CHAIR:** NOT ON THAT ONE. I THINK IT'S WRONG. NOT
9 ON THIS BILL. OKAY.

10

11 **CLERK VARONA-LUKENS:** ON AGENDA 8, SUPERVISOR BURKE? I'M SORRY.

12

13 **SUP. BURKE:** AYE.

14

15 **CLERK VARONA-LUKENS:** THANK YOU. SUPERVISOR YAROSLAVSKY?

16

17 **SUP. YAROSLAVSKY:** AYE.

18

19 **CLERK VARONA-LUKENS:** SUPERVISOR KNABE?

20

21 **SUP. KNABE:** NO.

22

23 **CLERK VARONA-LUKENS:** SUPERVISOR ANTONOVICH?

24

25 **SUP. ANTONOVICH:** NO.



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1

2 **CLERK VARONA-LUKENS:** AND SUPERVISOR MOLINA?

3

4 **SUP. MOLINA, CHAIR:** AYE.

5

6 **CLERK VARONA-LUKENS:** MOTION CARRIES 3-TO-2.

7

8 **SUP. ANTONOVICH:** ITEM NUMBER 9.

9

10 **SUP. MOLINA, CHAIR:** ITEM NUMBER 9. MR. ROBINSON, YOU ASKED TO
11 SPEAK ON THIS ITEM. COULD YOU JOIN US, PLEASE. MR. ROBINSON,
12 ARE YOU HERE? ALL RIGHT. THE ITEM IS BEFORE US.

13

14 **SUP. ANTONOVICH:** SO MOVED.

15

16 **SUP. MOLINA, CHAIR:** MR. ROBINSON, ARE YOU COMING? ALL RIGHT.

17

18 **RICHARD ROBINSON:** MADAM CHAIRWOMAN, MEMBERS, RICHARD ROBINSON,
19 NEIGHBORHOOD-- NEIGHBORHOOD ORGANIZER IN SUPERVISOR
20 YAROSLAVSKY'S DISTRICT, HOLLYWOOD AND LA BREA. I RESIDE IN THE
21 7 STAR MOTEL. IN THE KING JAMES VERSION OF THE BIBLE, GENESIS
22 SAYS THAT WE ARE TO SUBDUE THE EARTH. ENVIRONMENTAL PROJECTS
23 LIKE THE C.C.C. CLEAN-UP PLAN FOR SEPTEMBER 17TH, ARE HELPING
24 TO CLEAN UP WHAT MARSHALL MCCLUEN CALLS SPACESHIP EARTH. AS
25 THE PLANET BECOMES CROWDED, CLEAN-UP PROJECTS ARE BECOMING



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1 MORE NECESSARY. I STAYED THE NIGHT UNDER THE STARS ON THE PIER
2 IN SANTA MONICA. SMURF, SANTA MONICA URBAN RUN-OFF RECYCLING
3 FACILITY, IS CLEANING UP 500,000 GALLONS OF WATER PER DAY.
4 MA'AM, THE HUGE MEGALOPOLIS THAT STRETCHES FROM SAN DIEGO TO
5 SANTA BARBARA IS GROWING-- IS GOING TO NEED MORE RECYCLING
6 PROJECTS BECAUSE THE INCREASING DEMAND FOR CLEAN WATER AND
7 BEACHES IS CAUSING A TREMENDOUS PROBLEM. WHEN THE ENVIRONMENT
8 IS PROTECTED TODAY, WE ARE PROTECTING THE FUTURE. THE AFFECTED
9 AREAS UNDER YOUR JURISDICTION ARE BEING WELL SERVED. YOUR
10 COMMITMENT TO THE ENVIRONMENT IS BEING RECOGNIZED, YOUR
11 CONCERN IS BRINGING INCREASING AWARENESS OF SOLUTIONS WHICH
12 ARE GOING TO PROVIDE A CLEANER AND SAFER COUNTY. AGAIN, MA'AM,
13 THIS IS MY SIERRA CLUB CARD. I, FOR ONE, INTEND TO BECOME
14 FURTHER INVOLVED IN MAKING THE COUNTY A GREENER, CLEANER PLACE
15 FOR GENERATIONS YET UNBORN. TODAY'S MUNCHKINS WHO WERE
16 INVOLVED IN SEPTEMBER 17TH, CALIFORNIA COASTAL CLEAN-UP DAY,
17 WILL BE THE ADULTS, THANKS TO YOUR COMMITMENT, OF A HEALTHFUL
18 PLANET. THANK YOU.

19

20 **SUP. MOLINA, CHAIR:** THANK YOU, MR. ROBINSON.

21

22 **SUP. ANTONOVICH:** MOVE THE ITEM.

23



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** THE ITEM IS BEFORE US. MOVED BY SUPERVISOR
2 ANTONOVICH, SECONDED BY SUPERVISOR YAROSLAVSKY. IF THERE'S NO
3 OBJECTION, SO ORDERED.

4

5 **SUP. ANTONOVICH:** 15.

6

7 **SUP. MOLINA, CHAIR:** ITEM NUMBER 15. IF WE COULD HAVE MR.
8 STEPHEN HALL JOIN US, PLEASE. MR. HALL? MR. HALL.

9

10 **STEPHEN HALL:** GOOD MORNING AND THANK YOU FOR THE OPPORTUNITY
11 TO BE HEARD TODAY. ON JULY 26TH, A NUMBER OF AGENCIES'
12 REPRESENTATIVES REQUESTED THAT THE BOARD OF SUPERVISORS
13 CONDUCT AN INVESTIGATION OF THE EVALUATION PROCESS OF R.F.P.
14 C.M.S. 0424/0425 FOR FAMILY SUPPORT AND FAMILY PRESERVATION IN
15 ADOPTION PROMOTION SERVICES. AFTER DELIBERATING, THE BOARD
16 VOTED AND ACCEPTED THE D.C.F.S. RECOMMENDATION. ONE OF THE
17 CRITERIA OF THE R.F.P. WAS THAT AGENCIES HAVE AN OPERATIONAL
18 OFFICE WITHIN THE SPA OR D.C.F.S. BOUNDARY BY AUGUST 1ST. I
19 WOULD LIKE TO SUBMIT TO YOU THAT AT LEAST TWO AGENCIES
20 RECOMMENDED FOR FUNDING DID NOT HAVE OPERATIONAL OFFICES IN
21 THE D.C.F.S. BOUNDARY BY THE DEADLINE OF AUGUST 1ST. FOR THAT
22 MATTER, THEIR OFFICES WERE NOT OPERATIONAL AS LATE AS AUGUST
23 11TH AND I WOULD LIKE TO SUBMIT THESE PHOTOS TO SUPPORT MY
24 CLAIM. ON JULY 26TH, WHEN THE QUESTION-- WHEN QUESTIONED BY
25 SUPERVISOR ANTONOVICH ABOUT THIS PARTICULAR ISSUE, DR. SANDERS



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1 RESPONDED, "ONE OF THE REQUIREMENTS IS THAT AGENCIES HAVE AN
2 ESTABLISHED OFFICE IN THE SERVICE PLANNING AREA, BOUNDARY OR
3 OFFICE BOUNDARY THAT THE AGENCY IS SERVICING BY THE TIME THE
4 CONTRACT BEGINS." HE GOES ON TO SAY THAT "AGENCIES WHO DO NOT
5 HAVE THIS OFFICE-- OPERATIONAL OFFICE WILL BE TERMINATED,
6 THEIR CONTRACTS..." I'M SORRY. "...IT WILL BE RECOMMENDED THAT
7 THEIR CONTRACT BE TERMINATED AND FUNDING REDISTRIBUTED."
8 SUPERVISOR ANTONOVICH THEN ASKED, "WILL FUNDING BE
9 REDISTRIBUTED?" DR. SANDERS REPLIED, "THE RECOMMENDATION WOULD
10 BE THE FUNDING BE REDISTRIBUTED WITHIN THE SPA OR OFFICE
11 BOUNDARY." SUPERVISOR ANTONOVICH THEN STATES, "AND THERE HAVE
12 BEEN SOME CONCERNS THAT AGENCIES DO NOT HAVE THE
13 INFRASTRUCTURE IN PLACE TO BEGIN PROVIDING THOSE SERVICES IN
14 THE NEW SERVICE AREAS." DR. SANDERS REPLIED, "SUPERVISOR
15 ANTONOVICH, THE REQUIREMENT OF THE CONTRACT IS THAT THEY
16 ACTUALLY HAVE AN ESTABLISHED LOCATION AT THE TIME THE CONTRACT
17 BEGINS. IF THEY'RE UNABLE TO SUBSTANTIATE THAT THEY HAVE A
18 LOCATION, THEN OUR RECOMMENDATION WILL BE THAT THOSE CONTRACTS
19 BE TERMINATED." SUPERVISOR BURKE ALSO EXPRESSED SOME CONCERN
20 FOR SOME AGENCY'S ABILITY TO MEET THE CAPACITY TO START BY THE
21 CONTRACT DATE. IT'S OUR POSITION THAT THESE OFFICES WERE, IN
22 FACT, NOT OPERATIONAL BY AUGUST 1ST AND THAT THE BOARD OF
23 SUPERVISORS BE COMMITTED TO MAINTAINING THE INTEGRITY OF THE
24 R.F.P. PROCESS. IN CLOSING, WE REQUEST THAT, BEFORE THE BOARD
25 VOTES TO APPROVE THE USE OF FORM CONTRACTS FOR FAMILY SUPPORT



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1 AND FAMILY PRESERVATION SERVICES WITH VARIOUS AGENCIES, THAT
2 YOU CONSIDER THESE ALLEGATIONS THAT INDICATE A LACK OF
3 COMPLIANCE IN MEETING THE CRITERIA OF THE R.F.P. IT WAS
4 SUPERVISOR YAROSLAVSKY WHO SAID-- WHO ASKED, "WHY SHOULD
5 SOMEBODY WHO DOES FOLLOW THE INSTRUCTIONS NOT GET CREDIT AND
6 SOME WHO DOES FOLLOW INSTRUCTIONS NOT GET PENALIZED FOR IT?"
7 THANK YOU.

8

9 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH.

10

11 **SUP. ANTONOVICH:** CAN WE HAVE THE DEPARTMENT? DR. DAVID
12 SANDERS.

13

14 **SUP. MOLINA, CHAIR:** DR. SANDERS, IF YOU COULD JOIN US, WE'D
15 APPRECIATE IT. THANK YOU, MR. HALL.

16

17 **SUP. ANTONOVICH:** CAN YOU RESPOND TO THOSE COMMENTS THAT WERE
18 MADE BY THE...

19

20 **DR. DAVID SANDERS:** SURE. DAVID SANDERS, DIRECTOR OF CHILDREN
21 AND FAMILY SERVICES. SUPERVISOR ANTONOVICH, WE REQUIRED EACH
22 OF THE PROVIDERS TO PRODUCE AN-- A LEASE AGREEMENT INDICATING
23 THAT THEY HAD PROPERTY WITHIN EITHER THE OFFICE OR SPA
24 BOUNDARIES, DEPENDING ON THE CONTRACT. IN ADDITION, OUR STAFF
25 HAVE VISITED THE OFFICE LOCATIONS INDICATED ON THE LEASE



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1 AGREEMENT AND HAVE ACTUALLY VIEWED EACH OF THE LOCATIONS. WE
2 ARE IN THE PROCESS OF RECONFIRMING SOME OF THE CONCERNS RAISED
3 BY THE PREVIOUS SPEAKER AND ARE VISITING THOSE PROVIDERS ONCE
4 AGAIN BUT WE HAVE EVERY INDICATION THAT THEY MET THE
5 REQUIREMENTS OF THE CONTRACT.

6

7 **SUP. ANTONOVICH:** AND YOUR RECOMMENDATION, WE APPROVE THE ITEM
8 TODAY?

9

10 **DR. DAVID SANDERS:** YES, I RECOMMEND THAT YOU IMPROVE [SIC] THE
11 ITEM.

12

13 **SUP. ANTONOVICH:** OKAY. I WOULD MOVE THE RECOMMENDATION.

14

15 **SUP. YAROSLAVSKY:** MADAM CHAIR, I ALSO WANT TO-- I'LL SECOND
16 THAT AND I WANT TO THANK THE DEPARTMENT FOR THE EFFORTS IT
17 MADE TO TRY TO RATIONALIZE AN UNFORTUNATE PROCESS-- WELL, A
18 SITUATION THAT BECAME UNFORTUNATE FOR US AND I THINK-- I DON'T
19 THINK ANYBODY GOT MADE AS WHOLE AS THEY WOULD HAVE LIKED TO
20 BUT I THINK YOU HAVE MADE IT AT LEAST SOMEWHAT MORE PALATABLE
21 AND TOLERABLE AND TRANSITIONAL FOR THESE AGENCIES SO THAT IT
22 DIDN'T JUST HIT THEM WITH A HAMMER OVER THE HEAD AND I THINK
23 YOU DID AN EXCELLENT JOB IN TRYING TO NEGOTIATE THAT MINE
24 FIELD, DAVID. THANK YOU FOR THAT.

25



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1 **DR. DAVID SANDERS:** THANK YOU.

2

3 **SUP. MOLINA, CHAIR:** VERY GOOD. THAT ITEM IS MOVED BY
4 SUPERVISOR ANTONOVICH, SECONDED BY SUPERVISOR YAROSLAVSKY. IF
5 THERE'S NO OBJECTION, SO ORDERED ON THAT ITEM.

6

7 **SUP. ANTONOVICH:** 26.

8

9 **SUP. MOLINA, CHAIR:** I HELD THAT ITEM. IF WE COULD HAVE DR.
10 GARTHWAITE OR SOMEONE FROM THE DEPARTMENT JOIN US ON THIS
11 ITEM, I HAVE SOME QUESTIONS. DR. GARTHWAITE, YESTERDAY WE WERE
12 TRYING TO CLARIFY THIS ITEM. WE HAD ASKED THE QUESTION OF,
13 WITH ALL OF THESE CONTRACTS THAT ARE NOW AGAIN UPPING THE
14 AMOUNT THAT WE'RE GOING TO BE PAYING OUR PHYSICIANS THROUGH
15 THESE VARIOUS CONTRACTS, VARIOUS MEDICAL SERVICES AGREEMENTS
16 THAT WE'RE GOING TO BE MAKING WITH VARIOUS PROVIDERS, THE
17 QUESTION THAT I HAVE IS HOW ARE WE GOING TO BE ASSURED, AS A
18 BOARD, THAT THEY ARE GOING TO BE MONITORED?

19

20 **DR. THOMAS GARTHWAITE:** THANK YOU. AS I THINK YOU KNOW THAT WE
21 PLAN TO COME BACK WITH A MORE COMPREHENSIVE LOOK OF HOW WE PAY
22 PHYSICIANS NEXT MONTH. WHAT WE'VE DONE AT KING DREW MEDICAL
23 CENTER IS ESTABLISH A POSITION WHERE ALL CONTRACT PHYSICIANS
24 SIGN IN AND SIGN OUT. SO WE'VE GONE FROM A MUCH MORE
25 AGGRESSIVE APPROACH AT THAT MEDICAL CENTER, WE'VE MODELED THAT



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1 ON SOME THINGS THAT ARE HAPPENING IN OTHER MEDICAL CENTERS.
2 WHAT WE HAVE HERE ARE A SMALLER NUMBER OF CONTRACTS THAT WE
3 THINK ARE THE MOST CRITICAL TO FIX IMMEDIATELY AND I'LL LET
4 BRUCE AMPLIFY THAT BECAUSE HE'S DONE A LOT OF THE YEOMAN'S
5 WORK WITH CHIEF MEDICAL OFFICERS IN TERMS OF GETTING THE
6 DOCTORS...

7

8 **SUP. MOLINA, CHAIR:** THE SIMPLICITY OF MY QUESTION IS: HOW WILL
9 IT BE MONITORED? COULD WE HAVE A MICROPHONE, PLEASE?

10

11 **BRUCE CHERNOF:** THESE CONTRACTS, SUPERVISOR, CONTAIN
12 SIGNIFICANT IMPROVEMENTS IN SPECIFIC OVERSIGHT OF THE SPECIFIC
13 ELEMENTS IN EACH CONTRACT. THE PREVIOUS CONTRACTS THAT WE HAD
14 IN PLACE I THINK HAD SOME LACK OF CLARITY OF ACCOUNTABILITY
15 AND RESPONSIBILITY FOR TRACKING...

16

17 **SUP. MOLINA, CHAIR:** CAN YOU GIVE ME AN EXAMPLE OF ONE OF
18 THOSE?

19

20 **BRUCE CHERNOF:** SURE. I THINK THAT THE SPECIFIC REASONS THAT
21 I...

22

23 **SUP. MOLINA, CHAIR:** EXCUSE ME JUST A SECOND. COULD WE ASK
24 PEOPLE WHO ARE STANDING UP IN THE BACK TO PLEASE FIND A SEAT?
25 WE'RE TRYING TO CARRY ON A MEETING. PLEASE.



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1

BRUCE CHERNOF: THANK YOU, SUPERVISOR. SPECIFICALLY, THIS CONTRACT-- THESE NEW CONTRACTS PROVIDE A LOT MORE CLARITY ABOUT THE REASON WHY THE CONTRACT IS BEING USED. IT REQUIRES THE MEDICAL DIRECTOR, WITH OVERSIGHT FROM THE C.E.O., TO SPECIFICALLY CLARIFY, IN EACH INSTANCE THE CONTRACTS ARE BEING USED, THE REASONS THAT THEY'RE BEING USED. IT CLARIFIES, IN EXTREME DETAIL, THE HOURS AND SHIFTS SO THAT PEOPLE CAN ONLY WORK A FOCUSED PERIOD OF TIME. IT THEN PROVIDES A VERY CLEAR TRACKING MECHANISM WITHIN THE CONTRACT AND, AS DR. GARTHWAITE HAS SUGGESTED, WE'RE GOING TO BE COMING BACK WITH THE DEPARTMENT'S OVERSIGHT OF EACH OF THESE CONTRACTS AS THEY ARE IMPLEMENTED IN EACH FACILITY. SO MANAGEMENT AT THE FACILITY LEVEL AT A LEVEL OF CLARITY WHERE THERE IS NO CONFUSION ABOUT THE PURPOSE AND USE OF THE CONTRACT IN EACH INSTANCE WILL BE IMPLEMENTED AND THE DEPARTMENT WILL BE BACK WITH OUR ELEMENT OF OVERSIGHT IN A COUPLE OF WEEKS.

18

SUP. MOLINA, CHAIR: AS I PURSUED THE CONTRACTS WITH REGARD TO RADIOLOGY, ALL OF THAT WAS IN PLACE IN THOSE CONTRACTS.

21

BRUCE CHERNOF: WITH ALL DUE RESPECT, I THINK THOSE CONTRACTS WERE NOT NEARLY AS CLEAR OR SPECIFIC ABOUT ACCOUNTABILITIES AND RESPONSIBILITIES...

25



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1 **SUP. MOLINA, CHAIR:** IT WAS VERY, VERY CLEAR. I MEAN, YOU KNOW,
2 YOU HAD TO WORK AND YOU HAD TO SIGN OFF A TIMECARD AND IT HAD
3 TO BE MONITORED. IT WAS ONLY FOR VERY SPECIFIC SERVICES, FOR
4 SPECIFIC HOURS. IF THE CONTRACT-- IF I REMEMBER CORRECTLY, IT
5 HAD ALL OF THAT, I WENT THROUGH IT AND I REMEMBER IT BEING
6 THERE. BUT IT WAS OVERRIDDEN BY SOME PEOPLE ALONG THE WAY.

7

8 **BRUCE CHERNOF:** THAT'S WHY THE SUPERVISION-- WE DO BELIEVE THAT
9 EACH OF OUR MEDICAL MANAGERS AND THE C.E.O.S OF OUR FACILITIES
10 HAVE THE OBLIGATION FOR IMPLEMENTING ALL CONTRACTS
11 APPROPRIATELY BUT THE DEPARTMENT ALSO BELIEVES, SUPERVISOR,
12 THAT WE HAVE AN OBLIGATION, AS A DEPARTMENT, TO STEP UP AND
13 MAKE SURE THAT THOSE ARE FULLY IMPLEMENTED. AND DR. GARTHWAITE
14 AND I WILL BE BACK IN FRONT OF YOU IN A COUPLE OF WEEKS WITH
15 THAT ELEMENT OF OVERSIGHT.

16

17 **SUP. MOLINA, CHAIR:** THE QUESTION IS VERY SIMPLE. [
18 INTERJECTIONS]

19

20 **SUP. MOLINA, CHAIR:** PLEASE! WHAT I'M TRYING TO SAY IS HOW CAN
21 I TRUST THAT THESE CONTRACTS WILL BE MONITORED? WE HAVE ALL
22 THOSE MECHANISMS BEFORE AND THEY WERE OVERRIDDEN. PEOPLE WHO
23 BROUGHT THIS TO THE ATTENTION OF-- I JUST-- I WANT TO
24 UNDERSTAND, GIVE ME AN EXAMPLE OF HOW THIS WORKS.

25



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1 **DR. THOMAS GARTHWAITE:** THE-- I THINK IN THE PAST THAT WE DID
2 NOT HAVE CONTRACTORS NECESSARILY SIGNING IN AND SIGNING OUT,
3 SO THAT'S ONE PIECE. THAT, WHEN YOU ARRIVE, YOU GO SOME PLACE
4 AND YOU SAY, "I'M HERE," AND WHEN YOU LEAVE, SO THAT'S A KEY
5 PIECE. SECONDLY, WE'VE DONE ADDITIONAL TRAINING AND REVIEW
6 FROM ALL THE INDIVIDUALS THAT WERE INVOLVED PREVIOUSLY AND
7 WE'VE TRIED TO LOOK FOR WEAKNESSES IN THE SYSTEM AS IT HAD
8 OCCURRED IN THE, I THINK, RADIOLOGY CASE THAT WAS SORT OF THE
9 INDEX CASE HERE, SO THAT EVERYONE ALONG THE LINE HAS BEEN
10 REVIEWED. WE'RE ALSO WORKING WITH OTHER CONTRACTS AND GRANTS
11 TO SET UP PROGRAMMATIC REVIEWS IN ADDITION TO THE OTHER KINDS
12 OF REVIEWS THAT WE'VE TRADITIONALLY DONE.

13

14 **SUP. MOLINA, CHAIR:** HOW OFTEN?

15

16 **DR. THOMAS GARTHWAITE:** WE'RE DUE TO BRING THAT RECOMMENDATION
17 BACK TO YOU I THINK WITHIN A MONTH OR SO. I KNOW WE'RE-- I'VE
18 HAD A MEETING WITH BOTH OUR AUDIT AND COMPLIANCE DIVISION, OUR
19 CONTRACT DIVISION AND THEY'RE PUTTING THAT TOGETHER AS WE
20 SPEAK, SO THAT'S ANOTHER PIECE, THAT SORT OF OVERSIGHT FROM
21 TWO EXTERNAL BODIES, CONTRACTING AND GRANTS MONITORING
22 DIVISION AND OUR AUDIT AND COMPLIANCE DIVISION.

23

24 **SUP. MOLINA, CHAIR:** NOW, THIS ISN'T EXCLUSIVELY FOR MARTIN
25 LUTHER KING, THIS IS FOR ALL OF OUR HOSPITALS, CORRECT?



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1

2 **DR. THOMAS GARTHWAITE:** THAT'S CORRECT. CORRECT.

3

4 **SUP. MOLINA, CHAIR:** SO TELL ME AT L.A. COUNTY U.S.C., WHO WILL
5 BE MONITORING THESE CONTRACTS?

6

7 **BRUCE CHERNOF:** FOR THESE CONTRACTS, SUPERVISOR, THE LEAD
8 RESPONSIBLE INDIVIDUAL IS THE MEDICAL DIRECTOR OR CHIEF
9 MEDICAL OFFICER OF EACH FACILITY.

10

11 **DR. THOMAS GARTHWAITE:** DR. GRUEN.

12

13 **BRUCE CHERNOF:** THIS WOULD BE DR. GRUEN, CORRECT.

14

15 **SUP. MOLINA, CHAIR:** AND HE WILL BE RESPONSIBLE AND HE
16 UNDERSTANDS THAT HE HAS A DUTY TO MONITOR THESE CONTRACTS THAT
17 ARE COMPLETELY AND FULLY IMPLEMENTED?

18

19 **BRUCE CHERNOF:** THERE WILL BE FORMAL TRAINING FOR EACH OF THE
20 CHIEF MEDICAL OFFICERS ON THESE NEW CONTRACTS AND THAT IS
21 PLANNED AS PART OF THE ROLLOUT.

22

23 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO WHEN WILL YOU BRING THIS
24 BACK TO US?

25



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1 **DR. THOMAS GARTHWAITE:** YEAH, I'M NOT SURE OF THE EXACT DATES.
2 IN SEPTEMBER.

3

4 **SUP. MOLINA, CHAIR:** SO, IN THE MEANTIME, WE'RE GOING TO GO
5 AHEAD AND CREATE THESE NEW CONTRACTS BUT WE DON'T HAVE A SOLID
6 MECHANISM IN PLACE UNTIL SEPTEMBER, IS THAT CORRECT?

7

8 **DR. THOMAS GARTHWAITE:** NO. I THINK WE HAVE CLEAR INDICATION OF
9 WHO'S RESPONSIBLE, WE HAVE CLEAR INDICATION-- CLEAR PLANS IN
10 PLACE TO INDIVIDUALLY EDUCATE THE INDIVIDUALS WHO ARE
11 RESPONSIBLE. WHAT WE'RE ADDING TO THAT IS THE FOLLOW-THROUGH
12 TO CHECK, TO SEE IF WHAT'S SUPPOSED TO HAPPEN ACTUALLY
13 HAPPENED.

14

15 **SUP. MOLINA, CHAIR:** THAT WOULD BE WONDERFUL TO SEE. ALL RIGHT.
16 IF THERE'S NO OBJECTION, THIS ITEM IS MOVED BY SUPERVISOR
17 KNABE, SECONDED BY SUPERVISOR ANTONOVICH. IF THERE'S NO
18 OBJECTION, SO ORDERED ON THIS ITEM.

19

20 **SUP. ANTONOVICH:** THAT'S ABOUT ALL I HAVE FOR NOW AND, AS I
21 MENTIONED, THE NISEI COURT WILL BE HERE, THEY'RE COMING FROM
22 THE CITY OF LOS ANGELES, WHERE THEY'RE BEING PRESENTED THEIR
23 PROCLAMATIONS AT THIS TIME AND I WOULD LIKE TO INTRODUCE THEM
24 WHEN THEY ARRIVE. THANK YOU.

25



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1 **SUP. MOLINA, CHAIR:** ALL RIGHT. VERY GOOD. THEN I WILL DO MY
2 ADJOURNMENTS. I ASK THIS MORNING THAT WE ADJOURN IN THE MEMORY
3 OF LOLI CASTANEDA WHO, UNFORTUNATELY, WAS A TRAGIC VICTIM OF
4 RANDOM GANG VIOLENCE. LOLI WAS AN EMPLOYEE OF L.A. COUNTY
5 U.S.C. MEDICAL CENTER AND WAS AN ASPIRING L.A.P.D. CANDIDATE.
6 HE WAS PAST LIEUTENANT AND POLICE EXPLORER PROGRAM, A GRADUATE
7 OF MANUAL ARTS HIGH SCHOOL AND A COUNSELOR OF TROUBLED YOUTH
8 AT LOS PADRINOS JUVENILE HALL. LOLI'S KINDNESS AND POSITIVE
9 ATTITUDE TOUCHED COUNTLESS LIVES. HE HAD A LOVING SPIRIT THAT
10 WILL FOREVER BE REMEMBERED. LOLI'S FAMILY, COLLEAGUES AND
11 FRIENDS HAVE BEEN DEEPLY SHAKEN BY THIS LOSS AND WE WANT TO
12 EXTEND OUR PRAYERS AND OUR HEARTFELT CONDOLENCES TO EVERYONE
13 WHO KNEW AND LOVED LOLLY. WE JUST HEARD YESTERDAY THAT KATY
14 RZONCA, WHO IS THE MAYOR OF THE CITY OF WALNUT, HAD PASSED
15 AWAY. SHE WAS APPOINTED TO THE CITY COUNCIL IN 2003 AND WAS
16 APPOINTED MAYOR EARLIER THIS YEAR. I MET WITH HER A COUPLE OF
17 WEEKS AGO ON SOME ISSUES THAT WE WERE ADDRESSING AND SHE WAS
18 VERY PASSIONATE ABOUT HER CITY AND THE KIND OF ACTIVE
19 LEADERSHIP THAT SHE PROVIDED FOR THE WELL-BEING OF ALL OF THE
20 RESIDENTS OF WALNUT. SO WE WANT TO EXTEND OUR DEEPEST
21 CONDOLENCES TO HER CHILDREN AND HER GRANDCHILDREN, TO ALL OF
22 HER EXTENDED FAMILY, CERTAINLY TO HER COLLEAGUES AND ALL OF
23 HER FRIENDS. SO ORDERED ON THAT ITEM. I'D LIKE TO ALSO ASK
24 THAT WE ADJOURN IN MEMORY OF RAUL SALCEDO, WHO IS A MEMBER OF
25 THE EL RANCHO UNIFIED SCHOOL BOARD FOR OVER 30 YEARS. RAUL



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1 PREVIOUSLY SERVED AS PRINCIPAL AT GRIFFITH MIDDLE SCHOOL IN
2 EAST LOS ANGELES, AND, OF COURSE, WE WANT TO ALSO EXTEND OUR
3 CONDOLENCES TO HIS FAMILY, FRIENDS AND COLLEAGUES AS WELL. SO,
4 SO ORDERED ON THOSE ADJOURNMENTS. MS. BURKE, YOUR
5 ADJOURNMENTS.

6

7 **SUP. BURKE:** YES. I MOVE THAT, WHEN WE ADJOURN TODAY, WE
8 ADJOURN IN MEMORY OF INEZ SCOTT, WHO PASSED AWAY LAST WEEK.
9 INEZ WAS AN ENGLEWOOD RESIDENT FOR 33 YEARS. HER CONCERN FOR
10 OTHERS WAS APPARENT AS SHE VOLUNTEERED EXTENSIVELY. BESIDES
11 BEING A MEMBER OF THE SOROPTIMIST INTERNATIONAL INGLEWOOD
12 HAWTHORNE, SHE WAS ALSO SENIOR STATE LEGISLATOR FOR THE CITY
13 OF INGLEWOOD, MEMBER OF THE SALVATION ARMY, ZETA PHI BETA,
14 OMEGA CHI, INGLEWOOD SENIOR CHOIR, MEMBER OF THE MAYOR'S
15 ADVISORY COUNCIL AND SERVED ON THE DR. MARTIN LUTHER KING
16 JUNIOR CELEBRATION PLANNING COMMITTEE, INGLEWOOD LEADERSHIP
17 COUNCIL, ORDER OF THE EASTERN STAR AND HAS MANY OTHER CIVIC
18 AFFILIATIONS. I RECENTLY HONORED INEZ BEFORE THE BOARD FOR HER
19 VOLUNTEERISM. SHE LEAVES TO CHERISH HER MEMORY HER SON AND
20 DAUGHTER, MR. DANA ANDREWS AND MS. APRIL WRIGHT. EDWIN
21 CHRISTOPHER, WHO PASSED AWAY YESTERDAY WHILE TAKING HIS DAILY
22 MORNING WALK. HE WAS 79. HE WAS THE FATHER OF RENOWNED AUTHOR,
23 VICTORIA CHRISTOPHER MURRAY. HE LEAVES TO CHERISH HIS MEMORY
24 HIS WIFE, JACQUELINE AND TWO OTHER DAUGHTERS, CECILE AND SEE
25 CHRISTOPHER. THE REVEREND HARRY R. BUTTMAN, WHO PASSED AWAY AT



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1 THE AGE OF 101 IN ACTON. HE WAS A CONGREGATIONAL CHURCH
2 MINISTER FOR 72 YEARS AND A PROLIFIC WRITER ABOUT THEOLOGY AND
3 SPIRITUAL LIFE. HE WAS A PASTOR OF THE CONGREGATIONAL CHURCH
4 OF THE MESSIAH IN WESTCHESTER FOR 25 YEARS UNTIL HE RETIRED IN
5 1978. HE LEAVES TO CHERISH HIS MEMORY HIS FOUR CHILDREN, 10
6 GRANDCHILDREN AND FIVE GREAT GRANDCHILDREN. AND EMMA PULLEN,
7 WHO PASSED AWAY OF BREAST CANCER ON JULY 20TH AT THE AGE OF
8 52. SHE BEGAN HER CAREER AS A REPORTER FOR "THE WASHINGTON
9 POST" AND WROTE FOR "THE TIMES" IN WASHINGTON, D.C. AND LOS
10 ANGELES BEFORE BECOMING AN INDEPENDENT FILM WRITER AND
11 PRODUCER AND PUBLICIST. SHE SPENT MORE THAN TWO DECADES IN LOS
12 ANGELES DOCUMENTING THE HISTORY AND CULTURE OF AFRICAN-
13 AMERICANS. SHE WAS A CONSULTANT TO THE WILLIAM GRANT STILL
14 ARTS CENTER, WHICH IS DEVOTED TO AFRICAN-AMERICAN ART. SHE
15 HELPED WITH THE PROJECTS SUCH AS THE YOUTH SUMMER CAMP AND
16 PAN-AFRICAN FILM FESTIVAL AND SPENT MORE THAN A DECADE WORKING
17 ON THE AFRICAN MARKETPLACE. SHE'S SURVIVED BY THREE SISTERS
18 AND A BROTHER. THAT CONCLUDES MY ADJOURNMENTS.

19
20 **SUP. MOLINA, CHAIR:** SO ORDERED ON THOSE ADJOURNMENTS. MR.
21 YAROSLAVSKY, YOUR ADJOURNMENTS.

22
23 **SUP. YAROSLAVSKY:** MADAM CHAIR, FIRST OF ALL, ON ITEM NUMBER
24 50, WHICH I WAS HOLDING, I WOULD LIKE TO ASK THAT THIS BE
25 CONTINUED ONE MORE WEEK.



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1

2 **SUP. MOLINA, CHAIR:** ALL RIGHT. IF THERE'S NO OBJECTION, WE
3 WILL CONTINUE THAT ITEM AN ADDITIONAL WEEK.

4

5 **SUP. YAROSLAVSKY:** I'D LIKE TO ASK THAT WE ADJOURN IN MEMORY OF
6 SEICHI TAMANAHA, WHO PASSED AWAY OVER THE WEEKEND AT THE AGE
7 OF 91. HE IS THE FATHER OF MY JUDY TERUKINA, MY LONG-TIME
8 SECRETARY, ONE OF MY LONG-TIME SECRETARIES IN MY OFFICE AND
9 HE'S SURVIVED BY JUDY AND OTHER FAMILY MEMBERS. ASK THAT WE
10 ADJOURN IN HIS MEMORY. ASK THAT WE ADJOURN ALSO, MR.
11 ANTONOVICH, ADJOURN IN MEMORY OF BOB WEIL. I WANT TO JOIN IN
12 THAT. BOB WAS A CONSTITUENT OF MINE. MORE THAN THAT, HE WAS A
13 FRIEND OF MINE. I'VE KNOWN HIM SINCE MY COLLEGE DAYS WHEN HE
14 WAS A CHAIRMAN OF THE JEWISH COMMUNITY RELATIONS COMMITTEE OF
15 THE JEWISH FEDERATION. I WAS A YOUNG COLLEGE STUDENT AND HE
16 WAS A VERY ABLE POLICE COMMISSIONER IN THE TOM BRADLEY
17 ADMINISTRATION AND A MAN OF GREAT PERSONAL INTEGRITY, A
18 COMMUNITY ACTIVIST, A LEADER IN HIS HOME OWNER ORGANIZATION,
19 FOUGHT HARD, AS HARD FOR THE C.C.N.R.S. IN HIS NEIGHBORHOOD AS
20 HE DID FOR THE CIVIL LIBERTIES AND CIVIL RIGHTS OF LOS ANGELES
21 CITIZENS WHEN IT CAME TO THE POLICE DEPARTMENT. IT'S A GREAT
22 LOSS BUT HE HAD A FULL LIFE AND HE WAS REALLY A GREAT MAN AND
23 I ALSO WANT TO EXTEND MY CONDOLENCES TO DOROTHY AND HIS
24 FAMILY. I ALSO WANT TO, IF I CAN LIFT IT UP HERE, MADAM CHAIR,
25 BECAUSE I JUST GOT AN EMAIL AS I WAS SITTING HERE, HERTA WARE,



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1 AN ACTOR WHO WAS MARRIED TO WILL GEER FOR MANY YEARS, THE
2 MOTHER OF ELLEN GEER, WHO STARTED THE WILL GEER THEATRICAL
3 BOTANICUM IN TOPANGA, PASSED AWAY IN HER SLEEP EARLY ON
4 MONDAY. SHE WAS A MATRIARCH OF THE TOPANGA COMMUNITY IN HER
5 DAY. SHE'S BEEN IN SOME DECLINING HEALTH FOR A COUPLE OF
6 YEARS, BUT THE LEGACY SHE LEAVES FOR TOPANGA AT THE THEATRIC
7 AND BOTANICUM, AND ELSEWHERE IN THE COMMUNITY WILL LIVE ON.
8 IRONICALLY, A BUNCH OF US WENT TO THE THEATRICUM TO SEE A
9 GREAT PERFORMANCE OF "OTHELLO," AND YOU CAN'T ESCAPE THE
10 HISTORY OF THAT OUTDOOR THEATRE WHICH WAS A HAVEN FOR WRITERS
11 WHO WERE BLACKLISTED DURING A PARTICULARLY DESPICABLE TIME IN
12 OUR NATION'S HISTORY. HERTA COUNTED AMONG HER FRIENDS, WOODY
13 GUTHRIE, PETE SEEGER AND MANY, MANY OTHERS, SO A LEGEND AS
14 PASSED IN TOPANGA AND I'D ASK THAT WE ADJOURN IN HER MEMORY.
15 THAT'S IT FOR ME.

16

17 **SUP. MOLINA, CHAIR:** SO ORDERED ON THAT ADJOURNMENT. ALL RIGHT.
18 THAT COMPLETES OUR ADJOURNMENTS. WE ARE NOW GOING TO MOVE ON
19 TO OUR SET ITEM, WHICH IS S-1. I KNOW THAT WE HAVE A LOT OF
20 PEOPLE WHO WISH TO TESTIFY ON THIS ITEM. WE'RE GOING TO ASK--
21 WE WELCOME ALL OF YOU, WE'RE GOING TO TRY AND BE INCLUSIVE OF
22 EVERYONE. YOU ARE ALL GOING TO HAVE AN OPPORTUNITY TO ADDRESS
23 US, IF YOU'D LIKE, AS LONG AS YOU FILL OUT ONE OF THE LITTLE
24 CARDS OVER HERE ON THIS SIDE. IN ADDITION, I'D LIKE TO ASK YOU
25 IF YOU WOULD REFRAIN FROM CLAPPING OR BOOING SO WE CAN GET



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1 THROUGH THE BUSINESS AT HAND. WE WANT TO RESPECT YOUR OPINION
2 AS WELL AS THE OPINIONS OF OTHERS BUT WE WOULD APPRECIATE THAT
3 AS WE CONTINUE TO DISCUSS THIS ITEM, THAT WE DO IT IN A CIVIL
4 MANNER. SO IF I COULD ASK DR. GARTHWAITE AND HIS STAFF TO COME
5 AND JOIN US, IT IS MY UNDERSTANDING THAT THEY'RE GOING TO BE
6 DOING A POWERPOINT PRESENTATION ON THIS ITEM. AFTER THE
7 POWERPOINT PRESENTATION, IF I COULD ASK MY COLLEAGUES ON THE
8 BOARD IF THEY WANT TO ASK ANY QUESTIONS FOR CLARIFICATION,
9 THEN WE'LL MOVE ON TO PUBLIC COMMENT, PUBLIC TESTIMONY ON THIS
10 ITEM AND THEN GO BACK TO COMMENTS FROM VARIOUS MEMBERS OF THE
11 BOARD. SO, DR. GARTHWAITE, I'LL TURN IT OVER TO YOU.

12

13 **DR. THOMAS GARTHWAITE:** THANK YOU VERY MUCH. ONE MOMENT,
14 PLEASE. SUPERVISORS, YOU ASKED ME AND THE DEPARTMENT IN, I
15 BELIEVE, APRIL, TO COME BACK IN AUGUST AND GIVE YOU AN UPDATE
16 ON THE PROGRESS AT KING DREW AND TO TALK ABOUT THINGS WE COULD
17 DO TO STABILIZE AND ASSURE ITS FUTURE. THE FIRST QUESTION I
18 THINK THAT'S MOST IMPORTANT TO ASK IS WHY ARE WE COMING
19 FORWARD WITH THESE RECOMMENDATIONS NOW, WHAT IS AT RISK AND
20 WHY IS IT IMPORTANT THAT WE CONSIDER WHAT MIGHT BE CONSIDERED
21 BY MANY RELATIVELY DRASTIC ACTIONS AT THIS TIME. THE MOST
22 IMPORTANT THING THAT YOU NEED TO REMEMBER IS THAT WE HAVE A
23 MEMORANDUM OF UNDERSTANDING WITH THE CENTERS FOR MEDICARE AND
24 MEDICAID SERVICES THAT EXPIRES AT THE END OF SEPTEMBER. IT IS
25 VERY CLEAR TO ME, IN MY DISCUSSIONS WITH C.M.S., THAT IT IS



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1 UNLIKELY THAT THEY WOULD-- AND SIGNIFICANTLY EXTEND THAT DATE
2 AND THEREFORE THAT, AT SOME TIME SHORTLY THEREAFTER, WE WOULD
3 HAVE TO UNDERGO A FULL SURVEY AND BE IN COMPLIANCE WITH THE
4 CONDITIONS OF PARTICIPATION IN MEDICARE, WHICH IS ALSO MEANING
5 IN COMPLIANCE WITH CONDITIONS FOR MEDICAID, WHICH SUPPLIES
6 AROUND \$200 MILLION TO SUPPORT KING DREW MEDICAL CENTER. IN
7 ADDITION, YOU NEED TO REMEMBER THAT, IN THEIR VISIT IN JUNE,
8 THAT THEY FOUND THAT THE-- ALTHOUGH WHILE THEY SAW EFFORTS
9 BEING MADE TO MEET THOSE CONDITIONS OF PARTICIPATION, THAT, AS
10 YET, THEY DID NOT BELIEVE THAT WAS SOLID OR SUSTAINABLE. THE
11 OTHER REASON TO BE CONCERNED IS THAT WE CONTINUE TO HAVE
12 CHALLENGES IN RECRUITMENT AND I DON'T WANT TO GO INTO TOO MUCH
13 DETAIL OTHER THAN TO SAY THE NUMBER OF TRAVELING AND REGISTRY
14 EMPLOYEES MAKE IT VERY DIFFICULT TO MAINTAIN A TRAINED STAFF
15 AND THEREFORE DIFFICULT TO PASS THE KINDS OF SURVEYS THAT ARE
16 NECESSARY TO RESTORE ACCREDITATION AND MAINTAIN FUNDING. SO
17 KEY DATES TO REMEMBER ARE THAT, THIS DECEMBER, WE'LL BE
18 UNDERGOING A GREAT DEAL OF ASSESSMENT: A C.M.S. FULL SURVEY,
19 WHICH IS ULTIMATELY THE MOST IMPORTANT IN TERMS OF THE
20 SURVIVAL OF THE HOSPITAL; JOINT COMMISSION REACCREDITATION;
21 AND THE A.C.G.M.E. INSTITUTIONAL SURVEY WITH REGARD TO THE
22 TRAINING PROGRAMS. THIS SLIDE REPRESENTS THE FACT THAT WE ARE
23 NOW, IN AUGUST, WE HAVE ESSENTIALLY ONE SEMESTER HERE TO GET
24 ALL OF THE LEARNING AND TEACHING DONE AND PASS THE EXAM. IF WE
25 MEET CONDITIONS, ALL IS GOOD. IF WE DON'T, THEN THEY WOULD



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1 WITHDRAW FUNDING. THEY WOULDN'T DEMAND THAT WE CLOSE THE
2 HOSPITAL BUT I THINK THEY WOULD BE HELPFUL IN AN ORDERLY
3 TRANSITION PROCESS, AT LEAST FROM MY DISCUSSIONS. IT IS
4 POSSIBLE THAT THEY FIND ENOUGH IMPROVEMENT THAT A FEW THINGS
5 THAT MIGHT BE CORRECTED THAT WE WOULD HAVE ADDITIONAL TIME TO
6 CORRECT THOSE. AND, OBVIOUSLY, BASED ON OUR EXPERIENCE, THESE
7 DATES ARE NOT CAST IN CONCRETE. IT IS IMPORTANT ALSO TO
8 REMEMBER THAT OUR CURRENT EFFORTS ARE SIGNIFICANT. THE
9 NAVIGANT TEAM IS IN PLACE AND HAS A PLAN, SOME 1,066
10 RECOMMENDATIONS THAT THEY ARE WORKING FEVERISHLY TO
11 ACCOMPLISH. WE HAVE IN PLACE A NEW HOSPITAL ADVISORY BOARD.
12 WITH US HERE ON THE PODIUM IS HECTOR FLORES, WHO CHAIRS THAT
13 ADVISORY BOARD, AS WELL AS JIM LOTT, WHO IS THE VICE CHAIR AND
14 CHAIRS THE IMPORTANT AD HOC STEERING COMMITTEE OF THAT GROUP.
15 THAT BOARD IS CONTINUING TO GROW IN ITS FUNCTION AND I THINK
16 IS POISED TO BE HELPFUL IN THE TURNAROUND OF THE MEDICAL
17 CENTER. WE HAVE DEPLOYED CLINICAL ASSISTANCE TEAMS, I SHOULD
18 SAY NAVIGANT, IN THE LEADERSHIP THERE, HAS DEPLOYED CLINICAL
19 ASSISTANCE TEAMS. THESE, I THINK, WERE INITIALLY SUGGESTED AT
20 ONE OF YOUR BOARD MEETINGS HERE SEVERAL MONTHS AGO. THESE ARE
21 INDIVIDUALS WHO WALK THE HALLS, LOOK FOR PATIENTS WHO ARE
22 UNSTABLE, INTERVENE AND TRY TO ASSURE THAT THE CLINICAL
23 OUTCOME FOR EVERY PATIENT IS EXCELLENT. WE ARE IN THE PROCESS
24 OF A NURSE MANAGER AUGMENTATION EFFORT. THERE'S A MEETING
25 BEING HELD AT KING DREW NEXT WEEK WHICH WILL INCLUDE CHIEF



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1 NURSING OFFICERS FROM PRIVATE SECTOR AND FROM OTHER D.H.S.
2 FACILITIES AND THE GOAL OF THAT IS TO, AS QUICKLY AS POSSIBLE,
3 INFUSE SOME MID- LEVEL NURSE MANAGERS TO HELP US DO THE KINDS
4 OF ASSESSMENTS, MENTORING, TRAINING, THAT ARE NECESSARY TO
5 PASS THE C.M.S. SURVEY IN DECEMBER. WE'VE HAD SOME SUCCESS IN
6 LEADERSHIP RECRUITMENT. I'LL SHOW YOU A SLIDE NEAR THE END
7 THAT SHOWS YOU SOME OF THAT. WE ARE, I THINK, VERY CLOSE TO
8 BEING ABLE TO NAME A C.E.O., WE'VE ADDED SOME NURSE LEADERSHIP
9 AND SOME IMPORTANT PHYSICIAN LEADERSHIP AND THAT, I THINK,
10 GIVEN ALL THE PRESS AND NOTORIETY THAT HAS BEEN OF LATE, THESE
11 ARE ENCOURAGING SIGNS THAT INDIVIDUALS THAT WE BELIEVER ARE OF
12 HIGH QUALITY ARE WILLING TO TAKE ON THE TASK OF FIXING THIS
13 MEDICAL CENTER AND REBUILDING. WE HAVE ALSO BROUGHT SOME
14 CONSULTATIVE TEAMS FROM OTHER PARTS OF THE DEPARTMENT. WE
15 RECENTLY UNDERWENT EVALUATION OF THE EMERGENCY ROOM, OF THE
16 INTENSIVE CARE UNITS, WE HAVE ONE ON GOVERNANCE SCHEDULED
17 SHORTLY, AND SO IT IS IMPORTANT FOR YOU TO RECOGNIZE THAT WE
18 ARE USING THE OTHER ASSETS OF THE DEPARTMENT TO TRY TO BE
19 SUCCESSFUL IN THIS TURNAROUND, AND WE HAVE SIGNIFICANT HUMAN
20 RESOURCES SUPPLEMENTATION. MR. HENRY HAS PROVIDED, I BELIEVE,
21 AT LEAST 15 ADDITIONAL HUMAN RESOURCE SPECIALISTS TO WORK
22 THROUGH MANY OF THE ISSUES AT KING DREW. THE REAL QUESTION,
23 THEN, IS THIS ENOUGH? WHY ARE WE HERE WITH ADDITIONAL,
24 SOMEWHAT HARSH- SOUNDING RECOMMENDATIONS? WHY SHOULD WE BE
25 PROPOSING EVEN MORE SIGNIFICANT CHANGE AT THIS TIME? OUR



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1 RECOMMENDATIONS ARE STRUCTURED IN THREE WAYS. THEY ARE
2 ADMINISTRATIVE RESTRUCTURING. I'LL SHOW YOU THAT IN A MINUTE.
3 PROGRAM FOCUS AND I'LL TALK QUITE A BIT ABOUT THAT; AND THEN
4 HAVING A OPTION TO CONTRACT OUT SHOULD THESE OTHER EFFORTS AT
5 STABILIZING THE HOSPITAL AND MAINTAINING FUNDING FAIL. IT'S
6 STILL CRITICALLY IMPORTANT TO MAINTAIN BEDS IN THE AREA THAT
7 KING DREW MEDICAL CENTER SERVES. ADMINISTRATIVE RESTRUCTURING
8 I HAVE DIVIDED INTO PHASE I AND PHASE II. PHASE I IS, I THINK
9 MANY OF THESE THINGS ARE IN OUR CONTROL. ONE IS TO ENHANCE THE
10 USE OF THE HOSPITAL ADVISORY BOARD. CERTAINLY WE WOULD LIKE TO
11 DO THAT AND I THINK THAT'S VERY POSSIBLE BUT, BECAUSE OF THE
12 TIME FRAMES, IT DOES PUT A LOT OF STRESS ON THESE VOLUNTEER
13 MEMBERS TO BE PRESENT AND TO BE AVAILABLE. WE NEED TO
14 ACCELERATE CERTAIN DECISIONS. I THINK YOU WILL HAVE BEFORE YOU
15 EVENTUALLY HERE TODAY OR VERY SHORTLY THE OPPORTUNITY TO MOVE
16 FORWARD SOME PROJECTS THAT ARE NECESSARY TO IMPROVE THE
17 ENVIRONMENT OF CARE THAT IS CRITICAL TO MAINTAINING FUNDING
18 AND REACCREDITING THE HOSPITAL. WE ARE IN THE PROCESS OF
19 TRYING TO PROVIDE HUMAN RESOURCE SUPPORT TO THE C.E.O. OF THE
20 FACILITY. WE'LL BE BACK TO YOU WITH SOME POTENTIAL CHANGES IN
21 SALARY AND BONUS STRUCTURE TO ATTRACT MID- LEVEL MANAGERS. AND
22 WE WILL CONTINUE TO URGE THAT WE MOVE AT LEAST SOME OF THE
23 QUALITY REVIEWS THAT YOU'VE UNDERTAKEN IN THIS MEETING INTO A
24 MORE CONFIDENTIAL DISCUSSION UNDER CHAPTER 1157. AND,
25 ULTIMATELY, SOME DISCUSSION NEEDS TO OCCUR WITH REGARDS TO THE



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1 GOVERNANCE STRUCTURE IN KING DREW MEDICAL CENTER AND THE
2 RELATIONSHIP TO THE HOSPITAL ADVISORY BOARD TO D.H.S.
3 GOVERNANCE. I THINK CLARIFICATION OF THAT CAN BE VERY HELPFUL.
4 NOW, TURNING OUR ATTENTION TO PROGRAM FOCUS, WE AIM TO DO
5 SEVERAL THINGS WITH THESE RECOMMENDATIONS. ONE IS TO DO FEWER
6 THINGS EXTREMELY WELL, TO FOCUS ON THE HEALTH NEEDS OF
7 RESIDENTS LIVING NEAR KING DREW MEDICAL CENTER FOR WHOM THERE
8 ARE NO ALTERNATIVE SOURCES OF CARE, AND TO ASSURE THAT ALL
9 PATIENTS CONTINUE TO RECEIVE SERVICES THAT THEY ARE CURRENTLY
10 GETTING. AND WE BELIEVE WHAT WE PROPOSE DOES THAT. WE DID LOOK
11 AT SEVERAL OPTIONS. WE LOOKED AT RUNNING ONLY A CLINIC THERE
12 BUT WE REJECTED THAT FOR SEVERAL REASONS. ONE IS, THERE AREN'T
13 ENOUGH HOSPITAL BEDS IN THE PRIVATE SECTOR TO BUY AT THIS
14 TIME, NOR COULD THEY EASILY BE CONVERTED. SO WE REJECTED THE
15 CLINIC-ONLY IDEA. THE CONTRACT OUT HOSPITAL OPERATIONS COULD
16 EVENTUALLY WORK BUT IT'S AT LEAST, WE BELIEVE, 12 TO 18 MONTHS
17 AWAY AND IS NOT SOMETHING THAT WOULD BE HELPFUL IN ANY OF THE
18 TIME FRAMES THAT WE'RE TALKING ABOUT. SO THE PROPOSED OPTION
19 WAS TO FOCUS THE HOSPITAL ON BEING AN ACADEMIC COMMUNITY
20 HOSPITAL THAT WOULD BE D.H.S. OPERATED AND THAT WOULD EXPAND
21 SOME OF ITS OUTPATIENT PROGRAMS. WE THINK THIS IS
22 IMPLEMENTABLE NOW, THAT IT INCREASES SAFETY BY FOCUSING ON
23 CORE SERVICES AND THAT IT RESTRUCTURES CLINICAL PROGRAMS
24 CONSISTENT WITH THE NEEDS IN SPA 6. IT'S IMPORTANT TO
25 UNDERSTAND THAT MOST PEDIATRIC HOSPITALIZATIONS AMONG SPA 6



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1 RESIDENTS GO TO OTHER HOSPITALS. ABOUT 5% AT KING DREW, 6%
2 OTHER D.H.S. AND 89% PRIVATE. CURRENTLY, LESS THAN 5% OF THE
3 HOSPITAL RESIDENTS GO TO KING DREW, INPATIENT SERVICES THAT
4 ARE CURRENTLY PROVIDED AT KING CAN BE PROVIDED AT L.A. COUNTY
5 OR HARBOR-U.C.L.A. AND EVEN-- WE DO BELIEVE, HOWEVER, THAT THE
6 PRIVATE SECTOR COULD TAKE ADDITIONAL PATIENTS, SO THEREFORE IT
7 WOULD MODIFY THE TRAVEL REQUIREMENTS TO GET TO THOSE OTHER TWO
8 COUNTY HOSPITALS BUT AS A BACKUP, CERTAINLY, WE DO BELIEVE
9 THAT WE HAVE ROOM AND RESOURCES IN THE OTHER TWO FACILITIES.
10 WE THINK ULTIMATELY THIS COULD IMPROVE CARE THROUGH
11 CONSOLIDATION, BOTH INCREASING THE VOLUME AND STRENGTHENING
12 CARE AND TRAINING PROGRAMS AT THE OTHER TWO HOSPITALS BUT ALSO
13 WE BELIEVE THAT EXPANDING THE OUTPATIENT PROGRAM CAN REDUCE
14 HOSPITALIZATION AND EMERGENCY ROOM USE BECAUSE MANY OF THE
15 DISEASES ARE SENSITIVE TO IMPROVED OUTPATIENT CARE, SUCH AS
16 ASTHMA. THIS IS JUST TO SHOW YOU THAT NEIGHBORING HOSPITALS DO
17 HAVE CAPACITY. NONE OF THEM ARE, WHAT WE FOUND THROUGH OUR
18 SURVEYING OF THEIR INSTITUTIONS, FULLY OCCUPIED. AND THAT
19 IMPACT ON THE COMMUNITY WOULD BE THAT THE-- THAT THERE ARE
20 ABOUT 14 PATIENTS ON AVERAGE IN OUR HOSPITAL. CURRENTLY OUR
21 PICU IS CLOSED DUE TO STAFFING VACANCIES SO AN AVERAGE DAILY
22 CENSUS OF AROUND 11 IN PEDIATRICS THAT MAY GO UP IN THE
23 WINTERTIME TO ABOUT 13. THE VAST MAJORITY OF THE KIDS THAT WE
24 SEE AT KING DREW, 93 TO 96%, HAVE INSURANCE. IN OBSTETRICS, WE
25 NOTED THE FACT THAT PREGNANT WOMEN INCREASINGLY CHOOSE TO



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1 DELIVER AT PRIVATE HOSPITALS. THAT IS TRUE ACROSS THE
2 DEPARTMENT OF HEALTH SERVICES. HOSPITALS WITH OBSTETRICS
3 TYPICALLY DELIVER AT LEAST A THOUSAND BABIES PER YEAR. I THINK
4 THAT COUNTY HOSPITALS MAY BE THE ONLY ONES IN THE COUNTY THAT
5 DON'T. PRIVATE HOSPITALS WITH FEWER THAN A THOUSAND BIRTHS
6 ANNUALLY DO NOT OPERATE NEONATAL INTENSIVE CARE UNITS. THIS IS
7 JUST A GRAPH OF OUR PARTICIPATION, THE DEPARTMENT OF HEALTH
8 SERVICES, IN DELIVERING KIDS ACROSS THE COUNTY. WE USED TO
9 DELIVER ABOUT 18% OF ALL CHILDREN DELIVERED IN L.A. COUNTY AND
10 WE'RE DOWN NOW TO BETWEEN 2 AND 3%. AND THAT'S TRUE IN ALL OF
11 OUR HOSPITALS AND THIS JUST SHOWS THAT IT'S ABOUT THE SAME IN
12 ALL THE HOSPITALS. KING IS THE ONE IN THE RED WITH THE
13 TRIANGLES. THIS DOESN'T PROJECT WELL BUT IT WILL BE AVAILABLE
14 ON OUR WEBSITE WHERE YOU CAN SEE IT BETTER. IT BASICALLY SHOWS
15 A SEA OF YELLOW DOTS THAT INDICATE WHERE MOTHERS WHO DELIVERED
16 IN PRIVATE SECTOR DELIVERED THEIR BABIES, 20,000 OF THEM. IT
17 ALSO SHOWS SOME BLUE DOTS WHERE KING DREW'S 520 MOTHERS LIVE
18 THAT DELIVERED AT KING DREW AND THOSE WHO DELIVERED AT OTHER
19 DEPARTMENT FACILITIES. THE-- ONLY 2% OF SPA 6 WOMEN CHOSE TO
20 DELIVER IN KING DREW MEDICAL CENTER. 3% CHOSE OTHER DEPARTMENT
21 OF HEALTH SERVICES FACILITIES AND 95% WENT TO PRIVATE SECTOR
22 HOSPITALS. WE LOOKED AT OTHER HOSPITALS IN THE AREA AND FOUND
23 THAT, AS WELL AS KING DREW AND NOTE, AS I'M SURE YOU WILL HEAR
24 DURING YOUR TESTIMONIES TODAY, THAT THE MOTHERS AND KIDS WHO
25 ARE BORN AT KING DREW ARE HIGH RISK. THERE ARE SMALLER NUMBER-



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1 - I'M SORRY, LARGER PERCENTAGE OF THE BIRTHS ARE OF LOW BIRTH
2 WEIGHT. BUT IF YOU LOOK AT THE SECOND COLUMN, WHICH IS THOSE
3 THAT ARE LOW BIRTH WEIGHT, THE TOTAL NUMBERS OF LOW BIRTH
4 WEIGHT CHILDREN DELIVERED IS RELATIVELY SMALL IN COMPARISON TO
5 THE MUCH LARGER OBSTETRICS PROGRAMS. WE ALSO LOOKED FOR
6 OBSTETRICAL CAPACITY IN OTHER FACILITIES NEARBY KING DREW AND
7 FIND THAT THE PERCENT OCCUPANCY DOES NOT SUGGEST THAT THERE'S
8 SATURATION OF THE MARKET. AND, IN OUR DISCUSSIONS WITH THE
9 C.E.O.S OF THESE HOSPITALS, THAT CONFIRMS THAT. THE IMPACT OF
10 CLOSING O.B. AT KING DREW MEDICAL CENTER AT ABOUT 600
11 DELIVERIES PER YEAR WOULD BE A HUNDRED ADDITIONAL DELIVERIES
12 PER NEIGHBORING HOSPITAL, LESS THAN TWO PER WEEK. IF WE SIMPLY
13 TRANSFERRED THESE DELIVERIES TO OTHER D.H.S. FACILITIES, IT
14 WOULD BE LESS THAN ONE ADDITIONAL HOSPITAL-- DELIVERY PER
15 HOSPITAL PER DAY, AND WE HAVE CAPACITY WITH OUR CURRENT BUDGET
16 TO HANDLE THAT LOAD. AND, FINALLY, WE ALSO LOOKED AT NICU
17 CAPACITY, WITH THE EXCEPTION OF CENTINELA, FOUND THAT THERE IS
18 CAPACITY FOR NICU BABIES ASSOCIATED WITH THESE DELIVERIES.
19 THIS JUST SHOWS THE IMPACT ON THE PROGRAMS THAT IF WE-- I'M
20 SORRY, IMPACT ON RECRUITMENTS AT KING DREW MEDICAL CENTER. IF
21 WE WERE TO CLOSE THESE PROGRAMS, WE WOULD NOT HAVE TO ATTEMPT
22 TO FILL THE 54 VACANCIES THAT ARE CURRENTLY EVIDENT IN THOSE
23 PROGRAMS. SO IT WOULD, IN ADDITION TO A VARIETY OF OTHER
24 THINGS, TAKE SOME OF THE LOAD OFF IN TERMS OF OUR RECRUITMENT
25 EFFORTS. SO, ULTIMATELY, OUR RECOMMENDATION ON THE PROGRAM



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1 FOCUS SIDE IS TO SCHEDULE BEILENSON HEARINGS NECESSARY TO
2 REVISE THE CLINICAL FOOTPRINT THROUGH CLOSURE OF INPATIENT
3 PEDIATRICS. REMEMBER, EXPANSION OF OUTPATIENT, INCLUDING THE
4 N.I.C.U. AND P.I.C.U., CLOSURE OF INPATIENT/OUTPATIENT O.B.
5 RESTRUCTURING OF SURGICAL SPECIALTY AND ANESTHESIA PROGRAMS
6 CONSISTENT WITH A NONTRAUMA DELIVERY MODEL. I DIDN'T SHOW YOU
7 SLIDES ON THAT PARTICULAR RECOMMENDATION BUT WE CLEARLY
8 BELIEVE THAT IT WILL BE WELL INTO THE FUTURE BEFORE WE COULD
9 ENTERTAIN REOPENING TRAUMA, JUST BASED ON THE STABILITY OF
10 VARIOUS PROGRAMS AND THE RECRUITMENT EFFORTS AND THE RATE OF
11 RECRUITMENT OF NURSING IN PARTICULAR. SO THEREFORE WE NEED TO
12 JUST ADJUST PRIMARILY THE PHYSICIAN COMPONENT THAT-- REGARDS
13 TO TRAUMA. AND FINALLY, TO CONTRACT FOR APPROPRIATE PHYSICIAN
14 SERVICES. WE ALSO HAVE-- BELIEVE THAT, IN A COUPLE OF AREAS,
15 SPECIFICALLY IN RADIOLOGY AND THE I.C.U., TO SOME DEGREE IN
16 ANESTHESIA AND PERHAPS TO A LESSER DEGREE IN EMERGENCY ROOM,
17 WE'VE HAD HIGHLY SIGNIFICANT PROBLEM RECRUITING AND RETAINING
18 STAFF. AND WE WOULD LIKE TO PURSUE, WE DON'T KNOW THAT WE CAN--
19 - WHETHER THIS WILL WORK OR NOT BUT WE WOULD LIKE TO PURSUE
20 WITH LARGER COMPANIES THAT PROVIDE TOTAL PHYSICIAN COVERAGE
21 FOR HOSPITALS. THIS IS A COMMON MODEL IN THE PRIVATE SECTOR
22 AND WE FOUND FOUR LARGE COMPANIES ALREADY THAT ARE INTERESTED
23 IN DISCUSSING THAT WITH US, SO WE WOULD LIKE TO PURSUE THAT.
24 IN ADDITION WITH REGARD TO FOCUSING THE PROGRAM, WE BELIEVE
25 THAT IT'S IMPORTANT TO EXPAND IN CERTAIN AREAS AND ESPECIALLY



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1 IN THE OUTPATIENT AREA. WHEN WE LOOKED AT KING DREW'S
2 CONTRIBUTION TO THE CARE OF PATIENTS FROM SPA 6 WITH REGARDS
3 TO THESE MAJOR DIAGNOSES: HEART DISEASE, HYPERTENSION,
4 DIABETES, CANCER, AND STROKE, WE FOUND THAT WE HAD A VARIABLE
5 PENETRATION OF PROVIDING HOSPITAL CARE FOR INSURED PAYERS BUT
6 A FAIRLY DRAMATIC CONTRIBUTION TO THE CARE OF THE UNINSURED.
7 AND SO WE BELIEVE THAT, IN THESE AREAS, AND ESPECIALLY IN
8 OUTPATIENT CARE THAT MIGHT PREVENT SOME OF THESE
9 HOSPITALIZATIONS, THAT WE SHOULD INVEST IN IMPROVING CARE AND
10 EXPANDING SERVICES. SO WE WOULD SUGGEST INCREASING OUTPATIENT
11 PEDIATRIC CARE AND I WOULD NOTE HERE THAT WE'VE JUST RECENTLY
12 OPENED A WOMEN'S CENTER. YOU KNOW, THE IDEA OF EXPANDING
13 OUTPATIENT PEDIATRIC SERVICES ALONG WITH THE WOMAN'S CENTER I
14 THINK WOULD BE IMPORTANT AND WOULD GIVE US A FAMILY FOCUS THAT
15 COULD, I THINK, BE A VERY POSITIVE. ONE MIGHT ASK THE
16 QUESTION: BUT IF YOU'RE TAKING AWAY O.B., ISN'T THAT A MAJOR
17 PART OF WOMEN'S HEALTH? AND MY ANSWER TO THAT WOULD BE THAT IT
18 IS A PORTION OF WOMEN'S HEALTH BUT THERE'S MUCH MORE TO
19 WOMEN'S HEALTH AND TO FAMILY CARE AND PEDIATRICS THAN JUST
20 DELIVERIES. AND THERE WOULD BE, IN MY MIND, NO-- WE WOULD
21 CERTAINLY MOVE AND ATTEMPT TO COORDINATE CAREFULLY WITH THE
22 OBSTETRICIANS AND THE HOSPITALS DELIVERING THE BABIES FOR THE
23 CARE OF THE KIDS AFTERWARDS AND FOR THE ONGOING CARE OF THE
24 MOTHERS. WE'D ALSO SUGGEST INCREASING CANCER PREVENTION
25 SCREENING AND TREATMENT AND THEN THE REAL RAMPANT DISEASES IN



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1 SPA 6: DIABETES, HIGH BLOOD PRESSURE, AND HIGH CHOLESTEROL. SO
2 OUR RECOMMENDATION IS TO DIRECT US TO MODIFY THE STAFFING AND
3 BUDGET WITHOUT INCREASING NET COUNTY COST TO MEET THE
4 COMMUNITY NEEDS BY EXPANDING THOSE SERVICES. AND THE FINAL
5 RECOMMENDATION-- THE FINAL OPTION THAT WOULD, I THINK, BE
6 PRUDENT FOR THIS BOARD TO TAKE TO GIVE US ALL THE MAXIMUM
7 FLEXIBILITY AND OPTIONS INTO THE FUTURE, DEPENDING ON WHAT
8 HAPPENS, IS TO PURSUE CONTRACTING OUT. THIS IS IN RESPONSE TO
9 A BOARD MOTION. WE PRODUCED PREVIOUSLY A REPORT IN CONJUNCTION
10 WITH SHADDOCK HAMMOND WHICH ESTIMATED THAT IT WOULD TAKE AT
11 LEAST 12 TO 18 MONTHS TO BRING A FULL CONTRACTING OUT OPTION
12 TO FRUITION, SIX TO 12 MONTHS TO UNDERSTAND THE LEGAL
13 IMPEDIMENTS AND CHALLENGES, AS WELL AS TO UNDERSTAND THE
14 FINANCIAL CHALLENGES IN THE FACE OF MEDI-CAL REDESIGN, AND
15 THEN SOME IMPLEMENTATION PHASE. WE BELIEVE IT'S IMPORTANT TO
16 KEEP THIS OPTION VIABLE, WE HAVE TO SHRINK THAT TIME FRAME SO
17 THAT, SHOULD YOU NEED THE OPTION IN THE SPRING, THAT IT'S
18 AVAILABLE WITH A MUCH SHORTER IMPLEMENTATION TIME FRAME,
19 SOMETHING ON THE ORDER OF THREE TO SIX MONTHS. SO WE WOULD
20 RECOMMEND PURSUING THIS ON A PARALLEL TRACK, IDENTIFYING ALL
21 POTENTIAL CANDIDATES, FOCUSING ON THE LEGAL AND FINANCIAL
22 ISSUES, WITH THE IDEA THAT THE PROGRAM FOCUS, SHOULD YOU ADOPT
23 THAT, THE RECOMMENDATION THAT I'VE JUST DISCUSSED WOULD HELP
24 TO DEFINE THE CLINICAL FOOTPRINT WHICH SHADDOCK HAMMOND FOUND
25 WAS AN IMPORTANT PART OF THE INITIAL DISCUSSION WITH ANY



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1 PRIVATE SECTOR SYSTEM. AND FINALLY THAT WE ALSO BELIEVE THAT
2 ANY CONTRACTING OUT FOR PHYSICIAN SERVICES AS WE RECOMMEND
3 WOULD ALSO BE HIGHLY COMPATIBLE WITH THIS OPTION. NEITHER
4 WOULD FORCE US TO TAKE THAT OPTION BUT THEY WOULD BE
5 COMPATIBLE IF WE MOVE IN THAT DIRECTION. SO WE RECOMMEND THAT
6 YOU DIRECT US TO WORK WITH ALL INTERESTED PARTIES TO DEFINE
7 THE FINANCIAL, OPERATIONAL AND CONTRACTUAL PARAMETERS FOR
8 CONTRACTING OUT HOSPITAL OPERATIONS. IF I COULD JUST APPEND TO
9 THAT, CERTAINLY WE WOULD WORK WITH ANY INTERESTED PARTIES TO
10 ASSURE THAT ANYONE WHO JOINED THE EFFORT FOR D.H.S. TO RUN
11 HEALTH SERVICES-- I'M SORRY, TO RUN KING DREW MEDICAL CENTER
12 COULD BE PART OF THOSE NEGOTIATIONS SO THAT, AS OUR
13 RECRUITMENT GOES FORWARD, WE CERTAINLY ARE COGNIZANT OF THE
14 FACT THAT HAVING A POSSIBLE CONTRACTING OUT OPTION OUT THERE
15 MIGHT MAKE NEW RECRUITS QUESTION THE LONGEVITY OF THE MEDICAL
16 CENTER. I THINK WE CAN WORK THROUGH THOSE WITH ANY POTENTIAL
17 PARTNERS IN THE CONTRACTING OUT OPTION. AND FINALLY OR ALMOST
18 FINALLY, WE HAVE A RECOMMENDATION TO MOVE FORWARD ON A
19 STAFFING MODEL. WE HAD PREVIOUSLY BEEN BEFORE YOUR BOARD WITH
20 THE IDEA THAT KING DREW MEDICAL CENTER WAS LESS EFFICIENT. WE
21 ESTIMATED THE DIFFERENCE BETWEEN OUR MOST EFFICIENT HOSPITAL
22 AND OUR LEAST EFFICIENT HOSPITAL IN AROUND 23 TO 24% RANGE.
23 NAVIGANT FOUND SOME SIGNIFICANT AREAS OF INEFFICIENCY THAT
24 THEY ARE WORKING ON TO IMPROVE BUT WE ALSO FOUND THIS DATA
25 FROM O.S.H.P.A.D. IN '03/'04 THAT SUGGESTS THE F.T. PER



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1 OCCUPIED BEDS NUMBERS TO BE SIGNIFICANTLY HIGHER THAN OTHER
2 LARGE TEACHING HOSPITALS AND SIGNIFICANTLY HIGHER THAN
3 NONTEACHING HOSPITALS AND A COUPLE OF WHICH ARE IN THE
4 NEIGHBORHOOD OF KING DREW MEDICAL CENTER. THAT'S A SIGNIFICANT
5 AMOUNT OF POTENTIAL RESOURCES THAT COULD BE REDIRECTED TO
6 IMPROVE PROGRAMS IN SPA 6 AND OTHER PARTS OF THE COUNTY. SO
7 OUR RECOMMENDATION IS TO DIRECT US TO REVISE THE STAFFING
8 MODEL FOR THE ENTIRE MEDICAL CENTER TO BE MORE SIMILAR IN
9 CAUSE AND STRUCTURE TO OUR OTHER TWO SMALLER TEACHING
10 HOSPITALS. AND, FINALLY, THIS IS A SLIDE THAT SHOWS OUR
11 RELATIVE SUCCESS IN RECRUITMENT. I WON'T GO INTO DETAIL, JUST
12 TO TELL YOU THAT I THINK WE'RE VERY CLOSE ON A CHIEF EXECUTIVE
13 OFFICER, THAT WE HAVE A NEW PHARMACY CHIEF, TWO NEW NURSING
14 SUPERVISORS AND NURSING DIRECTORS, A NEW HEAD OF THE HUMPHREY
15 COMPREHENSIVE HEALTH CENTER. SEVERAL DEPARTMENT CHAIRS, I
16 THINK, WHERE OFFERS HAVE BEEN MADE, SO SOME ENCOURAGING
17 INFORMATION THERE, AND THAT MEANS THAT SOON WE WILL HAVE TO
18 GET VERY SERIOUS WITH NAVIGANT ABOUT A TRANSITION PLAN AS
19 THEIR CONTRACT WOULD EXPIRE AND SO WE NEED TO BE VERY
20 THOUGHTFUL ABOUT HOW WE TURN OVER LEADERSHIP RESPONSIBILITIES
21 TO THE NEW INDIVIDUALS AS THEY COME ON BOARD AND OUR FINAL
22 RECOMMENDATION DIRECTS US TO WORK WITH NAVIGANT TO DEVELOP A
23 DETAILED AND SPECIFIC TRANSITION PLAN FOR LEADERSHIP. WITH
24 THAT, I WILL STOP AND HECTOR FLORES IS HERE FROM THE HOSPITAL
25 ADVISORY BOARD, ALONG WITH JIM LOTT. WE ALSO HAVE HANK WELLS



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1 FROM NAVIGANT ALONG WITH KAE ROBERTSON AND BRUCE CHERNOF, WHO
2 IS OUR MEDICAL DIRECTOR WHO HAS BEEN A BIG PART OF THE
3 PLANNING EXERCISE HERE. SO I THINK I'LL LEAVE IT UP TO YOU,
4 MADAM SUPERVISOR, IF YOU WANT TO MOVE ON WITH HECTOR'S
5 PRESENTATION OR I'LL TAKE QUESTIONS.

6

7 **SUP. MOLINA, CHAIR:** ABSOLUTELY. LET'S PROCEED WITH THAT.

8

9 **HECTOR FLORES:** THANK YOU VERY MUCH. GOOD MORNING. I'M JOINED,
10 IN ADDITION TO MR. LOTT, WHO SERVES AS VICE CHAIR AND, UNTIL
11 RECENTLY, SERVED AS THE CHAIR OF OUR AD HOC COMMITTEE, THE
12 STEERING COMMITTEE, WHICH LOOKED AT OPERATIONS OF THE MEDICAL
13 CENTER. WE'LL ALSO BE JOINED IN A FEW MINUTES BY MS. KATHY
14 OCHOA, WHO IS ACTUALLY DOING IMPORTANT ADVOCACY WORK AS WE
15 SPEAK. SHE'S ON A PHONE CALL WITH SACRAMENTO LOOKING AT THE
16 MEDI-CAL REDESIGN AND ADVOCATING FOR THE COUNTY'S FAIR SHARE
17 OF RESOURCES. I ALSO BRING GREETINGS FROM OUR OTHER EXECUTIVE
18 OFFICER, OUR SECRETARY, DR. LINDA BURNS BOLTON, WHO IS DOING
19 HER CIVIC DUTY AND SHE'S ON JURY DUTY THIS WEEK, SO SHE'S NOT
20 ABLE TO JOIN US HERE TODAY. I WANTED TO PROVIDE BRIEFLY A
21 BACKGROUND ON OUR WORK AS THE HOSPITAL ADVISORY BOARD FOR THE
22 LAST THREE MONTHS AND RELEVANT TO THE DISCUSSION FOR TODAY.
23 FIRST, I WOULD LIKE TO SAY THAT ALL MEMBERS OF THE H.A.B.
24 RECOGNIZE THAT THIS WAS A VERY UNIQUE OPPORTUNITY TO BE
25 HELPFUL TO THE BOARD OF SUPERVISORS AND TO THE PEOPLE OF LOS



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1 ANGELES IN HELPING YOUR WORK TO TURN AROUND THE MEDICAL CENTER
2 AND REALLY BEGIN TO STRATEGICALLY PLAN FOR ITS FUTURE AS WELL
3 AS THE FUTURE OF L.A. COUNTY AS A WHOLE. SECONDLY, WE KNEW
4 THAT, GOING INTO THIS, WE DIDN'T HAVE THE LUXURY OF TIME AND
5 WE QUICKLY IMMERSSED OURSELVES IN THE WORK BEFORE US, WHICH,
6 FOR US AS A HOSPITAL ADVISORY BOARD AND TO A CERTAIN EXTENT
7 THE WORK IN PROGRESS, WAS REALLY TO IMMERSE OURSELVES IN THE
8 STAKEHOLDER COMMUNITY FROM YOUR BOARD, YOUR STAFF, TO D.H.S.
9 LEADERSHIP AND OTHER STAFF, TO EMPLOYEES AT THE MEDICAL
10 CENTER, TO FOLKS OVER AT THE UNIVERSITY, PATIENTS AND OTHER
11 FOLKS FROM THE COMMUNITY TO REALLY GET A GOOD SENSE OF OUR
12 ABILITY TO BE HELPFUL IN THE PROCESS BUT ALSO REALLY TO FACT
13 FIND OURSELVES AND CONFIRM FOR OURSELVES WHAT WE WERE HEARING
14 AND WHAT WE PRESUME TO BE THERE. SECONDLY, I WANT TO RECOGNIZE
15 THE EXEMPLARY WORK OF MR. LOTT AND MISS OCHOA WHO REALLY HAVE
16 JOINED ME IN THE LAST THREE MONTHS TO PUT IN ABOUT TWO TO
17 THREE DAYS A WEEK, APPROXIMATELY, REALLY DOING THE NECESSARY
18 WORK TO BE ABLE TO BE OF USE TO ALL OF YOU IN YOUR
19 DELIBERATIONS. AND, IF TIME PERMITS, WE CAN GIVE YOU SOME
20 INSIGHT INTO SOME OF THE FINDINGS WE HAVE AS PART OF THE WORK
21 OF THE LAST THREE MONTHS. THE MEMBERS OF THE H.A.B. ALSO
22 REALIZED THAT WE HAVE SIGNIFICANT CHALLENGES AND WE'VE REALLY
23 ACCEPTED THE CHARGE THAT YOU'VE GIVEN US, WHICH IS TO BE YOUR
24 EYES AND EARS AND HELP YOU HAVE OTHER PERSPECTIVES IN THE
25 IMPORTANT WORK THAT YOU DO AND THE DECISIONS YOU HAVE BEFORE



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1 YOU AND IN THAT CONTEXT OF DISCUSSIONS TODAY. THUS, WE, IN A
2 CORRESPONDENCE THAT WE SUBMITTED TO YOU ON AUGUST 10TH, WE
3 REQUESTED THAT YOUR BOARD FORMALLY ADOPT A PROCEDURE TO ALLOW
4 THE H.A.B. TO REALLY DO THE WORK YOU'VE ASKED US TO DO AND TO
5 PARTICIPATE IN INPUT ON PROPOSALS, ISSUE ANALYSIS, DECISION
6 MAKING, REPORTS, ET CETERA, THAT PERTAIN TO THE OPERATIONS AND
7 SCOPE OF SERVICE OF THE MEDICAL CENTER BUT ALSO PERTAIN TO ITS
8 FUTURE. SECONDLY, WE ALSO REQUEST THAT DR. TOM GARTHWAITE AND
9 HIS TEAM AND THE L.A. COUNTY DEPARTMENT OF HEALTH SERVICES BE
10 GIVEN MORE TIME TO GATHER ADDITIONAL DATA NECESSARY TO SUPPORT
11 ANY RECOMMENDATIONS ON THE FUTURE AND SCOPE OF SERVICES AT
12 KING DREW MEDICAL CENTER. AND, FINALLY, WE FELT THAT IT WAS
13 IMPERATIVE THAT WE EXPLICITLY OPPOSE THE PROPOSAL, AS
14 SUBMITTED BY DR. GARTHWAITE ON AUGUST 5TH, 2005, TO DOWNSIZE
15 THE MEDICAL CENTER BY ELIMINATING PERINATAL AND PEDIATRIC
16 SERVICES, AS HE HAS JUST DESCRIBED BECAUSE (A) THERE WAS
17 INSUFFICIENT DATA TO SUPPORT THE ASSUMPTIONS INHERENT IN THEIR
18 REDUCTION. SECONDLY, THAT ONCE THE SERVICES ARE CUT, IT WILL
19 BE EXTREMELY DIFFICULT, IF NOT IMPOSSIBLE, TO RETRIEVE THEM.
20 (C) IS THAT THE D.H.S. HAS NOT PROJECTED FUTURE NEEDS. SO WE
21 NEED TO LOOK AT THE CONTEXT OF DOWNSIZING NOT ONLY TODAY, IN
22 THE IMMEDIATE FUTURE BUT ALSO LONG-TERM. A MAJOR CONCERN FOR
23 US AS H.A.B. MEMBERS HAS BEEN THE CONTINUING CLOSURE OF
24 PRIVATE HOSPITALS, THOSE THAT WE WOULD CALL MAINSTREAM,
25 PARTICULARLY OVER THE LAST 18 MONTHS. THE ROBERT F. KENNEDY,



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1 NORTHridge, SANTA MARTA, BRAE HOSPITAL DOWN IN ORANGE COUNTY,
2 THESE ARE, TO ME, SYMPTOMATIC OF THE CHALLENGE AND THE CRISIS
3 IN SOUTHERN CALIFORNIA, INDEED, THE ENTIRE STATE BECAUSE THESE
4 ARE NOT MARGINAL HOSPITALS. THESE WERE CONSIDERED MAINSTREAM
5 HOSPITALS AND IT'S OF MAJOR CONCERN TO US THAT THOSE ARE JUST
6 THE BEGINNING OR THE TIP OF THE ICEBERG OF OTHER HOSPITALS
7 THAT ARE IN SIMILAR, CRITICAL SITUATION. WE'RE ALSO VERY
8 CONCERNED BECAUSE WE CONTINUE TO HEAR THAT MANY HOSPITALS,
9 SUCH AS DOWNEY REGIONAL MEDICAL CENTER, ARE CONSIDERING
10 DOWNSIZING OR COMPLETELY CLOSING THEIR EMERGENCY ROOM SERVICES
11 AND THAT ALSO THEN ADDS TO THE CRISIS THAT WE'RE ALREADY
12 EXPERIENCING. FINALLY, THAT ELIMINATING THE RESPECTIVE
13 SERVICES ALSO ELIMINATES THE TEACHING PROGRAMS AND I THINK
14 THAT REALLY WILL SEVERELY UNDERMINE OUR REGION AND CERTAINLY
15 L.A. COUNTY'S ABILITY TO RECRUIT CULTURALLY COMPETENT AND
16 CLINICALLY COMPETENT OBSTETRICIANS, PEDIATRICIANS, AND
17 NEONATOLOGISTS WHO HAVE TRAINED IN THAT COMMUNITY AND WHO ARE
18 MORE LIKELY TO STAY THERE AS A RESULT AND, QUITE FRANKLY, ARE
19 MORE LIKELY TO WORK IN THE FACILITIES, THE PRIVATE FACILITIES
20 THAT WE WOULD BE HEAVILY DEPENDENT ON IN ORDER FOR THE
21 SERVICES TO CONTINUE OUTSIDE OF KING DREW MEDICAL CENTER. WITH
22 THAT, I'LL CONCLUDE MY COMMENTS AND WE'LL CERTAINLY BE
23 AVAILABLE FOR QUESTIONS. THANK YOU.

24
25 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. WELLS.



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1

2 **HANK WELLS:** THANK YOU, MA'AM. SUPERVISORS, WE WERE ASKED TO
3 ASSIST THE HOSPITAL ADVISORY BOARD IN ITS DELIBERATIONS ON THE
4 POSITION THAT IT WANTED TO TAKE ON DR. GARTHWAITE'S REPORT.

5

6 **SUP. YAROSLAVSKY:** COULD YOU JUST IDENTIFY YOURSELF?

7

8 **HANK WELLS:** I'M SORRY. I'M HANK WELLS...

9

10 **SUP. MOLINA, CHAIR:** MR. WELLS, WOULD YOU PLEASE IDENTIFY
11 YOURSELF?

12

13 **HANK WELLS:** I'M HANK WELLS. I'M THE INTERIM C.E.O. AT KING
14 DREW MEDICAL CENTER AND NAVIGANT. IN LOOKING AT DR.
15 GARTHWAITE'S REPORT AND MAKING OUR RECOMMENDATIONS TO THE
16 HOSPITAL ADVISORY BOARD, WE IDENTIFIED CERTAIN SPECIFIC AREAS
17 WHERE WE WERE VERY MUCH IN AGREEMENT WITH DR. GARTHWAITE'S
18 SUGGESTIONS, INCLUDING THE EXPANSION AND ADDITION OF
19 AMBULATORY SERVICES, SPECIFICALLY IN AREAS SUCH AS PEDIATRICS,
20 BUT ALSO WE'D LIKE TO SEE MORE EXPANDED AMBULATORY SURGERY
21 SERVICES. WE ALSO IDENTIFIED SOME AREA-- AND WE ALSO AGREED,
22 QUITE FRANKLY, WITH DR. GARTHWAITE'S SUGGESTION THAT, BECAUSE
23 95% OF CHILDREN IN SPA 6 ARE RECEIVING THEIR CARE AT OTHER
24 HOSPITALS AND 97% OF OBSTETRICS PATIENTS DELIVER AT OTHER
25 HOSPITALS, WE WERE SUPPORTIVE OF HIS RECOMMENDATION TO



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1 ELIMINATE THOSE SERVICES AT KING DREW. WE ALSO, WHILE WE
2 SUPPORT THE IDEA OF LOOKING AT OUTSIDE CONTRACTED OPERATION
3 FOR THE MEDICAL CENTER, WE'RE NOT SURE THAT IT MAKES SENSE TO
4 HOLD THAT OPTION OPEN. WHILE WE CERTAINLY SUPPORT THE IDEA OF
5 KEEPING ONE'S OPTIONS OPEN, WE THINK IT CREATES A DIFFICULT
6 TIME FOR US IN TERMS OF RECRUITMENT TO HAVE TWO DIFFERENT
7 POSSIBILITIES IN TERMS OF FUTURE OPERATION OF THE HOSPITAL
8 AVAILABLE. SO WE WOULD RESPECTFULLY SUGGEST THAT THE COUNTY
9 MIGHT WANT TO MOVE FORWARD WITH ONE DECISION OR ANOTHER,
10 COUNTY OPERATION OR OUTSIDE MANAGEMENT. WE ALSO SUPPORTED DR.
11 GARTHWAITE'S SUGGESTION ABOUT RESTRUCTURING SURGICAL SERVICES,
12 CONSISTENT WITH A NONTRAUMA HOSPITAL BUT WE'D LIKE TO SEE SOME
13 SPECIFIC GUIDELINES IN TERMS OF WHEN TRAUMA SERVICES MIGHT BE
14 RESTORED AND OUR SUGGESTION WAS THAT THAT MIGHT HAPPEN AFTER
15 THE HOSPITAL RECEIVES FULL JOINT COMMISSION ACCREDITATION AND
16 HAS BEEN OPERATING AT A STEADY STATE FOR AT LEAST 12 MONTHS.
17 AND LAST, SUPERVISORS, WE ALSO RECOMMENDED AND WE ARE PLEASED
18 TO SEE THAT THERE'S A MOTION I THINK BEFORE YOU THAT ADDRESSES
19 THIS, THAT THE BOARD OF SUPERVISORS TAKE A LOOK AGAIN AT THE
20 FUNDING THAT IS NECESSARY FOR THE COMPLETION OF CERTAIN
21 RENOVATION PROJECTS THAT ARE IMPORTANT TO US FOR JOINT
22 COMMISSION ACCREDITATION AND FOR SAFE PATIENT CARE. WE LOOK
23 FORWARD TO WORKING WITH THE SUPERVISORS AND WITH THE HOSPITAL
24 ADVISORY BOARD AS THE-- AS YOU ALL MOVE FORWARD WITH THESE



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1 IMPORTANT DECISIONS AND WE LOOK FORWARD TO ADDRESSING THOSE
2 WITH YOU. THANK YOU VERY MUCH, MA'AM.

3

4 **SUP. MOLINA, CHAIR:** ALL RIGHT. ANYONE ELSE? KATHY? MR. LOTT?
5 NO ONE ELSE? ALL RIGHT. THEN WHAT I'M GOING TO DO AT THIS
6 TIME, BEFORE I CALL ON MY COLLEAGUES WITH REGARD TO ANY
7 QUESTIONS, LET ME READ IN A MOTION THAT I'VE AUTHORED AND IT'S
8 BEEN CO-AUTHORED BY SUPERVISOR BURKE. THE MARTIN LUTHER KING,
9 JR., CHARLES R. DREW MEDICAL CENTER IS A VITAL COMPONENT OF
10 THE LOS ANGELES COUNTY HEALTHCARE DELIVERY SYSTEM. KING DREW
11 HAS SERVED THE HEALTH NEEDS OF SOME OF LOS ANGELES' MOST
12 VULNERABLE POPULATIONS. AS THE 40TH ANNIVERSARY OF THE WATTS
13 RIOTS REMIND US, KING DREW HAS SERVED AS A SAFETY NET IN THE
14 COMMUNITY AND HAS OFTEN FELT ABANDONED. THE BOARD OF
15 SUPERVISORS MUST COMMIT TO KEEPING KING DREW OPEN AND OPERATED
16 AS A COUNTY FACILITY AT THIS TIME. THE BOARD OF SUPERVISORS
17 HAS ACTED IN CONFRONTING THE LIFE-THREATENING CHALLENGES AT
18 KING DREW. FROM THE CLOSURE OF THE KING DREW'S TRAUMA CENTER
19 TO THE CREATION OF THE HOSPITAL ADVISORY BOARD TO STABILIZE
20 GOVERNANCE, THE BOARD OF SUPERVISORS HAS ROUTINELY ACCEPTED
21 THE RECOMMENDATIONS OF THE DEPARTMENT OF HEALTH SERVICES.
22 UNFORTUNATELY, SOME OF THOSE RECOMMENDATIONS HAVE NOT YET
23 RESULTED IN A FULLY STABILIZED HOSPITAL, AS EXPECTED BY THE
24 BOARD AND THE PUBLIC. ON AUGUST 5TH, THE DEPARTMENT OF HEALTH
25 SERVICES' REPORT AND ITS RECOMMENDATION TO DOWNSIZE WITH NO



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1 CLEAR PATHWAY FOR SUCCESS REQUIRE MORE ANALYSIS AND
2 SPECIFICITY TO PROVIDE GREATER ASSURANCES THAT SUCH
3 RECOMMENDATIONS ARE IN FACT THE BEST WAY TO PROCEED. THE
4 REPORT REQUIRES STRUCTURAL CHANGES THAT DEMONSTRATE CLEAR
5 OUTCOMES, TIMELINES AND ACCOUNTABILITY AMONG CONSULTANTS AND
6 COUNTY STAFF. THE BOARD OF SUPERVISORS MUST EXAMINE THE
7 DEPARTMENT'S RECOMMENDATIONS, INVITE ACTIVE ENGAGEMENT OF
8 ADDITIONAL COMMUNITY STAKEHOLDERS AND ARRIVE AT A CLEARER,
9 MORE EFFICIENT ACTION PLAN THAT BETTER GUARANTEES A PATHWAY TO
10 MAINTAINING KING DREW AS A COMPLETELY OPERATIONAL, COUNTY
11 OPERATED FACILITY AT THIS TIME. FURTHER, THE BOARD OF
12 SUPERVISORS CREATED AND DIRECTED THE KING DREW HOSPITAL
13 ADVISORY BOARD TO ADVISE THEM AND THE DEPARTMENT AND THE
14 DEPARTMENT OF HEALTH SERVICES ON MATTERS RELATED TO KING DREW.
15 IT IS PRUDENT THAT WE HEED THE EXPERTISE OF THE VERY BOARD
16 THAT WE CREATED. AS WE PROCEED, OUR PRIORITY MUST BE IN
17 PROTECTING ACCESS TO HIGH QUALITY HEALTHCARE SERVICES IN THE
18 SAFEST OF PROFESSIONAL ENVIRONMENTS. MARTIN LUTHER KING, JR.
19 ONCE SAID, ALL PROGRESS IS PRECARIOUS AND THE SOLUTION OF ONE
20 PROBLEM BRINGS US FACE TO FACE WITH ANOTHER PROBLEM. HIS WORDS
21 COULD NOT BE MORE RELEVANT AS WE COLLECTIVELY ACT THE RESTORE
22 TO ITS ORIGINAL VISION A MEDICAL CENTER THAT HAS GREAT PROMISE
23 AS A LEADER IN THE PROVISION OF HEALTHCARE TO THE URBAN
24 COMMUNITIES OF SOUTH LOS ANGELES. WE THEREFORE MOVE THAT THE
25 BOARD OF SUPERVISORS DIRECT THE DEPARTMENT OF HEALTH SERVICES,



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1 WITH ASSURANCES FROM THE C.A.O., COUNTY COUNSEL, THE
2 DEPARTMENT OF HUMAN RESOURCES AND NAVIGANT CONSULTING TO,
3 NUMBER 1, DEFER ACTION ON THE DEPARTMENT OF HEALTH SERVICES'
4 AUGUST 5, 2005 REPORT, UNTIL ADDITIONAL COMMUNITY
5 STAKEHOLDERS, SUCH AS ELECTED OFFICIALS AND COMMUNITY LEADERS,
6 HAVE HAD AN OPPORTUNITY TO REVIEW AND MAKE ADDITIONAL
7 RECOMMENDATIONS TO THE BOARD OF SUPERVISORS. FURTHER, THE
8 FOLLOWING INFORMATION, AS REQUESTED BELOW, SHOULD BE PRESENTED
9 TO THE SEPTEMBER 27TH, 2005 BOARD MEETING IN CONJUNCTION WITH
10 THE REPORT ON DREW UNIVERSITY. COORDINATE EFFORTS OF THE
11 AFOREMENTIONED ENTITIES TO RETURN WITH A COMPREHENSIVE ACTION
12 PLAN WITH SPECIFIC TIMELINES DETAILING ACCOUNTABILITY MEASURES
13 THAT HAVE BEEN IMPLEMENTED AND THOSE REMAINING TO BE
14 IMPLEMENTED AT KING DREW REGARDING THE PERFORMANCE OF ALL KING
15 DREW AFFILIATED EMPLOYEES. ESTABLISH THAT THE BOARD IS NOT
16 PURSUING PRIVATIZATION OF KING DREW MEDICAL CENTER AT THIS
17 TIME. INSTEAD, ALL INTERESTED STAKEHOLDERS CAN SOLELY
18 CONCENTRATE ON THE RESTRUCTURING, STABILIZATION AND THE
19 SUCCESS OF KING DREW AS A COUNTY-OPERATED FACILITY. NUMBER 4,
20 TO FURTHER STABILIZE THE EXECUTIVE MANAGEMENT OF KING DREW BY
21 EXPEDITING THE FINAL HIRING OF THE CHIEF EXECUTIVE OFFICER AND
22 HIS OR HER EXECUTIVE TEAM. NUMBER 5, TO COORDINATE EFFORTS TO
23 THE AFOREMENTIONED ENTITIES TO RETURN WITH A COMPREHENSIVE
24 ACTION PLAN WITH SPECIFIC TIMELINES ON HOW THEY WILL PROCEED
25 WITH THE RECRUITMENT AND HIRING OF PERMANENT STAFF AT ALL



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1 LEVELS OF KING DREW, PARTICULARLY NURSES AND MID- LEVEL
2 MANAGERS. THE ANALYSIS SHOULD INCLUDE SPECIFIC RECOMMENDATIONS
3 ON WHAT COUNTY POLICIES OR PROCEDURES SHOULD BE CHANGED IF
4 SUCH POLICIES PROVE TO BE AN IMPEDIMENT TO MORE EFFICIENT
5 RECRUITMENT AND HIRING. 6, TO COORDINATE ALL EFFORTS OF THE
6 AFOREMENTIONED ENTITIES WITH KING DREW HOSPITAL ADVISORY BOARD
7 AND DIRECT THEM TO REPORT MONTHLY TO THE BOARD OF SUPERVISORS
8 ON ALL PROGRESS AND BARRIERS RELATED TO PROVISION OF HIGH
9 QUALITY PATIENT CARE AT KING DREW. FURTHER, THAT THE HEALTH
10 ADVISORY BOARD SHOULD OFFER SPECIFIC RECOMMENDATIONS ON HOW TO
11 ACTIVELY REMEDY SUCH BARRIERS. THOUGH LOS ANGELES COUNTY BOARD
12 OF SUPERVISORS WILL REMAIN THE OFFICIAL GOVERNING BODY OF KING
13 DREW FOR ALL PURPOSES, INCLUDING COMPLIANCE WITH FEDERAL
14 MEDICARE REGULATIONS, JOINT COMMISSION OF ACCREDITATION ON
15 HEALTHCARE ORGANIZATION STANDARDS AND STATE LICENSING RULES,
16 THE H.A.B. OR THE HEALTH ADVISORY WILL HAVE A GREATER
17 OPPORTUNITY TO BE ABLE TO SERVICE-- OF SERVICE TO THE BOARD OF
18 SUPERVISORS IN THEIR DELIBERATIONS. NUMBER 7, TO PREPARE A
19 REPORT AND A BUDGET ACTION PLAN WITH SPECIFIC TIMELINES THAT
20 RECOMMEND TO THE BOARD OF SUPERVISORS THOSE CAPITAL
21 IMPROVEMENT ITEMS THAT SHOULD BE IMMEDIATELY FUNDED TO
22 MAXIMIZE KING DREW'S ABILITY TO ACHIEVE THE J.C.A.H.O.
23 ACCREDITATION AND TO MAINTAIN CENTERS FOR MEDICAL AND MEDICAID
24 SERVICES CERTIFICATION. NUMBER 8, TO PREPARE AN ANALYSIS OF
25 THE ACTION PLAN WITH SPECIFIC TIMELINES THAT ADDRESS THE



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1 SPECIFIC ROLES AND RESPONSIBILITIES OF ALL PARTIES INVOLVED IN
2 THE TRANSITION FROM NAVIGANT'S DAILY MANAGEMENT TO KING DREW--
3 OF KING DREW TO A PERMANENT C.E.O. SUCH ANALYSIS SHOULD
4 INCLUDE ON HOW LONG AND TO WHAT EXTENT NAVIGANT CONSULTING
5 SHOULD CONTINUE IN ITS CURRENT CAPACITY. AND FINALLY, NUMBER
6 9, TO COORDINATE THE EFFORTS OF THE AFOREMENTIONED ENTITIES TO
7 PREPARE A COMPREHENSIVE ANALYSIS AND REPORT UPDATING THE BOARD
8 OF SUPERVISORS ON PROGRESS TO DATE OF NAVIGANT'S CONSULTING
9 EXTENSIVE RECOMMENDATIONS TO THE BOARD OF SUPERVISORS WHICH
10 WERE DATED FEBRUARY 1ST OF 2005. SUCH ANALYSIS SHOULD BE MORE
11 DETAILED THAN PERCENTAGE MEASUREMENTS AND SHOULD INCLUDE
12 RECOMMENDATIONS ON ANY BARRIERS ENCOUNTERED AS TO HOW TO
13 ADDRESS THESE PARTICULAR BARRIERS. SO THAT IS THE MOTION THAT
14 IS BEFORE US THAT HAS BEEN SECONDED BY MS. BURKE.

15
16 **SUP. BURKE:** I'LL SECOND IT.

17
18 **SUP. MOLINA, CHAIR:** ALL RIGHT. DO WE HAVE ANY QUESTIONS BEFORE
19 WE PROCEED TO PUBLIC TESTIMONY OR DO YOU WANT TO...

20
21 **SUP. KNABE:** I MEAN, OBVIOUSLY, I HAVE SOME QUESTIONS. I JUST--
22 BUT WE'LL WAIT FOR THE PUBLIC.

23
24 **SUP. MOLINA, CHAIR:** I'M SORRY?
25



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1 **SUP. KNABE:** WE MIGHT AS WELL JUST THE PUBLIC SPEAK FIRST
2 BEFORE WE GO ONTO...

3

4 **SUP. MOLINA, CHAIR:** ALL RIGHT. THANK YOU SO MUCH. WE'RE GOING
5 TO GET READY FOR PUBLIC TESTIMONY BUT SUPERVISOR ANTONOVICH
6 HAS A SPECIAL PRESENTATION THAT HE WASN'T ABLE TO MAKE EARLIER
7 TODAY, SO WE'LL LET HIM PROCEED WITH THAT.

8

9 **SUP. BURKE:** WHEN YOU GET-- WHEN WE GET BACK TO THE DISCUSSION
10 OF IT, WE'RE GOING TO HAVE AN OPPORTUNITY TO QUESTION THE
11 PEOPLE WHO HAVE SPOKEN?

12

13 **SUP. MOLINA, CHAIR:** ABSOLUTELY.

14

15 **SUP. ANTONOVICH:** THANK YOU VERY MUCH. AND, AS MANY OF YOU
16 KNOW, THIS COMMUNITY THIS PAST WEEK AND THIS CURRENT WEEK IS
17 AN EVENT THAT THE-- WHERE WE HAD THE 65TH ANNUAL NISEI WEEK
18 JAPANESE FESTIVAL COURT, WHO IS REPRESENTING THE RICH CULTURAL
19 AND PROUD HERITAGE OF JAPANESE-AMERICANS AS WE HAVE IN THIS
20 LOS ANGELES COUNTY, THE NISEI WEEK JAPANESE FESTIVAL THAT'S
21 TAKING PLACE IN "J" TOWN. IT PROMOTES JAPANESE CULTURE THROUGH
22 SEVERAL EVENTS, INCLUDING CULTURAL EXHIBITS, THE STREET ARTS
23 FESTIVAL, THE GRAND PARADE, WHICH WAS THIS PAST SUNDAY. MY
24 FAMILY WERE ABLE TO PARTICIPATE IN IT AND THERE WERE THOUSANDS
25 AND THOUSANDS OF PEOPLE, ONE OF THE LARGER PARADES THIS YEAR.



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1 THE FESTIVAL COURT IS HERE TODAY FRANCES HASHIMOTO, WHO IS THE
2 PRESIDENT OF THE LITTLE TOKYO BUSINESS ASSOCIATION AND SHE WAS
3 THIS YEAR'S GRAND MARSHAL FOR THIS YEAR'S HIGHLY SUCCESSFUL
4 PARADE. SO NOW I WOULD LIKE TO INTRODUCE THE PRESIDENT OF
5 NISEI WEEK FOUNDATION, HYOTO TAMURA, WHO IS HERE ALONG WITH
6 MICHELLE SUZUKI, WHO WAS THE QUEEN CHAIR OF THE 2006 PRESIDENT
7 OF THE NISEI WEEK FOUNDATION. LET ME FIRST, THOUGH, MAKE A
8 PRESENTATION TO THE COURT. PRINCESS ASHLEY NICOLE YAKIMA
9 ATTENDS CALIFORNIA STATE UNIVERSITY AT FULLERTON, A BUSINESS
10 ADMINISTRATION MAJOR. SHE ENJOYS TAHITIAN AND HAWAIIAN
11 DANCING, CHOREOGRAPHY AND TENNIS. DURING THE NISEI WEEK, HER
12 PLATFORM FOCUSES ON THE SUSAN G. KOMEN BREAST CANCER
13 FOUNDATION. SHE'S SPONSORED BY THE WEST LOS ANGELES JAPANESE-
14 AMERICAN CITIZENS LEAGUE AND AUXILIARY AND THE VENICE JAPANESE
15 COMMUNITY CENTER. [APPLAUSE]

16

17 **SUP. ANTONOVICH:** NEXT IS PRINCESS KIMOKA YEN ROJAS, WHO IS 19
18 STUDYING AT WEST LOS ANGELES COMMUNITY COLLEGE. HER
19 UNDERGRADUATE REQUIREMENTS, AFTER THEY WERE COMPLETED, SHE'LL
20 TRANSFER TO THE UNIVERSITY OF SOUTHERN CALIFORNIA'S FILM
21 SCHOOL. A WORKING ACTRESS, KIMOKA IS PURSUING HER DREAM AS AN
22 ACTING CAREER AND, IN HER FREE TIME, SHE ENJOYS HOOLA AND
23 TAHITIAN DANCING, SINGING, SURFING AND KEMPO KARATE. SHE HAS
24 CHOSEN THE BIG BROTHERS, BIG SISTERS ORGANIZATION AS HER



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1 PLATFORM AND IS SPONSORED BY THE SAN FERNANDO VALLEY JAPANESE
2 COMMUNITY CENTER AND COORDINATING COUNSEL. [APPLAUSE]

3

4 **SUP. ANTONOVICH:** NEXT IS PRINCESS DOREEN KIMI OGATA. SHE
5 ATTENDS MOUNT SAC COLLEGE, WORKING TOWARD HER DEGREE IN
6 NURSING. SHE WORKS FOR THE ROWLAND UNIFIED SCHOOL DISTRICT,
7 ENJOYS DANCING, CHOREOGRAPHY AND PLAYING BASKETBALL. SHE PLANS
8 TO SUPPORT THE LOCKS OF LOVE CANCER FOUNDATION FOR HER
9 PLATFORM AND SHE'S SPONSORED BY THE EAST SAN GABRIEL VALLEY
10 JAPANESE COMMUNITY CENTER. DOREEN. [APPLAUSE]

11

12 **SUP. ANTONOVICH:** MISS TOMADACI, MICHELLE MIKO ITO IS 22, SHE
13 GRADUATED WITH HER BACHELOR'S DEGREE IN MATHEMATICS FROM THE
14 UNIVERSITY OF CALIFORNIA IRVINE AND PURSUING HER SECONDARY
15 TEACHING CREDENTIAL. WHEN NOT WORKING ON THE ON-CAMPUS FLOWER
16 SHOP, SHE ENJOYS ROLLER HOCKEY, BASKETBALL, COACHING HIGH
17 SCHOOL GIRLS BASKETBALL AT HER ALMA MATER. HER PLATFORM THIS
18 YEAR IS THE AMERICAN CANCER SOCIETY AND SHE'S SPONSORED BY THE
19 ORANGE COUNTY NISEI COORDINATING COUNCIL. [APPLAUSE]

20

21 **SUP. ANTONOVICH:** OUR FIRST PRINCESS FOR THE COURT THIS YEAR IS
22 KRISTEN HYASHI, SHE'S 24, GRADUATED FROM CALIFORNIA STATE
23 POLYTECHNIC UNIVERSITY WITH A BACHELOR'S DEGREE IN
24 COMMUNICATIONS WITH AN EMPHASIS ON PUBLIC RELATIONS. SHE WORKS
25 AT KZLA COUNTRY RADIO STATION AND IS A CLIPPERS AND DODGER



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1 FAN. KRISTEN ALSO ENJOYS GOING TO DISNEYLAND, PLAYING
2 BASKETBALL, AND SHE'S LEARNING HOW TO PLAY THE GUITAR. HER
3 PLATFORM THIS YEAR IS OPERATION GRATITUDE. SHE'S SPONSORED BY
4 THE LITTLE TOKYO'S LIONS CLUB. [APPLAUSE]

5

6 **SUP. ANTONOVICH:** THIS YEAR'S 2005 NISEI WEEK QUEEN IS
7 STEPHANIE KIKO TOMAHURO, WHO IS 25 YEARS OLD, A PHI BETA KAPPA
8 GRADUATE FROM THE UNIVERSITY OF CALIFORNIA SAN DIEGO WITH A
9 BACHELOR'S DEGREE IN HUMAN DEVELOPMENT. SHE'S CURRENTLY THE
10 EVENT COORDINATOR FOR GO FOR BROKE FOUNDATION. WHEN SHE'S NOT
11 AT THE FOUNDATION, SHE ENJOYS GOLFING, COOKING, KARATE AND
12 TRYING NEW ADVENTURES, NOW INCLUDES SKY DIVING. SHE WAS CHOSEN
13 THE AMERICAN HEART ASSOCIATION AS HER PLATFORM AND SHE'S
14 SPONSORED BY THE JAPANESE RESTAURANT ASSOCIATION OF SOUTHERN
15 CALIFORNIA. [APPLAUSE]

16

17 **SPEAKER:** THANK YOU. ON BEHALF OF THE 2005 NISEI WEEK COURT AND
18 FOUNDATION, I WOULD LIKE TO THANK THE BOARD OF SUPERVISORS,
19 HONORABLE MIKE ANTONOVICH, HONORABLE GLORIA MOLINA, THANK YOU
20 VERY MUCH FOR YOUR CONTINUED SUPPORT. WE APPRECIATE IT. [
21 APPLAUSE]

22

23 **SUP. ANTONOVICH:** MYATO AND MICHELLE? FRANCES HASHIMOTO?

24



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1 **FRANCES HASHIMOTO:** WE REALLY APPRECIATE AND THANK YOU, EVERY
2 YEAR, FOR YOUR SUPPORT, ALL THE BOARD OF SUPERVISORS, YOU'RE
3 ALWAYS VERY, VERY GRACIOUS TO US AND WE REALLY APPRECIATE IT.
4 THANK YOU VERY MUCH. [APPLAUSE]

5

6 **SUP. MOLINA, CHAIR:** ALL RIGHT. WE'RE GOING TO GO BACK TO OUR
7 PUBLIC TESTIMONY.

8

9 **SUP. YAROSLAVSKY:** MADAM CHAIR, CAN I INTRODUCE A MOTION AS
10 WELL?

11

12 **SUP. MOLINA, CHAIR:** CERTAINLY.

13

14 **SUP. YAROSLAVSKY:** ASK MY STAFF TO CIRCULATE IT. MADAM CHAIR,
15 MEMBERS OF THE BOARD, ON APRIL 12TH, THE BOARD OF SUPERVISORS
16 DIRECTED THE DIRECTOR OF HEALTH SERVICES TO MAKE
17 RECOMMENDATIONS BASED ON HIS BEST PROFESSIONAL JUDGMENT ON THE
18 NEXT STEPS THAT SHOULD BE TAKEN TO ESTABLISH AND ENSURE
19 QUALITY AT KING DREW MEDICAL CENTER. AUGUST 16TH, TODAY, WAS
20 SUBSEQUENTLY ESTABLISHED AS THE BOARD MEETING DATE AT WHICH
21 THAT REPORT WOULD BE CONSIDERED. IN RESPONSE TO THE BOARD'S
22 DIRECTIVE, ON AUGUST 5TH, THE DIRECTOR OF D.H.S. MADE A SERIES
23 OF RECOMMENDATIONS TO THE BOARD OF SUPERVISORS TO ESTABLISH
24 KING DREW MEDICAL CENTER AS AN ACADEMIC COMMUNITY HOSPITAL
25 WHICH HE HAS OUTLINED IN SOME DETAIL THIS MORNING. KING DREW



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1 MEDICAL CENTER REMAINS A TROUBLED MEDICAL INSTITUTION IN NEED
2 OF RADICAL REFORM AND TRANSFORMATION. TIME IS OF THE ESSENCE
3 IF THE HOSPITAL IS TO BE SAVED. KING DREW MEDICAL CENTER LOST
4 ITS JOINT COMMISSION UNDER THE ACCREDITATION OF HEALTHCARE
5 ORGANIZATION'S, J.C.A.H.O., ITS J.C.A.H.O. ACCREDITATION
6 EARLIER THIS YEAR. AT THE SAME TIME, THE FEDERAL CENTER FOR
7 MEDICARE AND MEDICAID SERVICES IS MONITORING THE MEDICAL
8 CENTER'S ABILITY TO PROVIDE SAFE AND COMPETENT HOSPITAL CARE.
9 IF C.M.S. CONCLUDES THAT THE HOSPITAL DOES NOT MEET ITS
10 STANDARDS AND DECIDES TO REVOKE ITS FUNDING OF KING DREW
11 MEDICAL CENTER, IT WOULD LIKELY RESULT IN THE HOSPITAL'S
12 CLOSURE. IN OTHER WORDS, POSTPONING ACTION TODAY ON D.H.S.
13 DIRECTORS' RECOMMENDATIONS OR ANY MEDICALLY CREDIBLE
14 ALTERNATIVE TO THOSE RECOMMENDATIONS MAY WELL PLACE THE VERY
15 EXISTENCE OF THE HOSPITAL IN JEOPARDY BY THE END OF THIS YEAR.
16 IN THE INTEREST OF-- IN THE INTERESTS OF SAVING KING DREW
17 MEDICAL CENTER, THE BOARD OF SUPERVISORS SHOULD MAXIMIZE, NOT
18 RESTRICT, ITS OPTIONS. FOR THIS REASON, THE BOARD SHOULD
19 PROCEED TODAY TO SET THE BEILENSEN HEARINGS THAT ARE REQUIRED
20 IN ORDER TO IMPLEMENT THE REPORT'S RECOMMENDATIONS. THE BOARD
21 SHOULD ALSO SET A DATE BY WHICH THE HOSPITAL ADVISORY BOARD
22 FOR KING DREW MEDICAL CENTER, OTHER STAKEHOLDERS AND OTHER
23 INTERESTED PARTIES CAN PROVIDE THEIR INPUT AND/OR SUGGEST
24 CONSTRUCTIVE ALTERNATIVES TO THE DIRECTOR'S RECOMMENDATIONS
25 THAT MIGHT LIKELY LEAD TO A TURNAROUND OF THE HOSPITAL'S



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1 FORTUNES. ENOUGH TIME SHOULD BE ALLOWED FOR D.H.S. TO RESPOND
2 TO THOSE COMMENTS IN ADVANCE OF THE BEILENSON HEARINGS SO THAT
3 THE BOARD OF SUPERVISORS CAN HAVE THE BENEFIT OF ALL OF THE
4 INFORMATION IN ADVANCE. FOLLOWING THE BEILENSON HEARINGS, THE
5 BOARD OF SUPERVISORS WILL BE IN A POSITION TO EITHER APPROVE
6 THE IMPLEMENTATION OF THE DIRECTOR'S AUGUST 5TH
7 RECOMMENDATIONS OR TO APPROVE AN ALTERNATIVE THAT MAY HAVE
8 BEEN PRESENTED TO IT. THE ADVANTAGE OF THIS APPROACH IS THAT
9 IT ALLOWS THE BOARD MAXIMUM FLEXIBILITY TO DECIDE THE FUTURE
10 COURSE OF KING DREW MEDICAL CENTER WITHOUT FURTHER DELAY AND
11 JEOPARDY TO THE HOSPITAL'S EXISTENCE. CHANGE AND REFORM AT
12 KING DREW MEDICAL CENTER DO NOT COME EASILY, NOR ARE THEY FREE
13 FROM CONTROVERSY. NEVERTHELESS, IN THE INTERESTS OF SAFE AND
14 COMPETENT HOSPITAL CARE, CHANGES MUST BE MADE. REGARDLESS OF
15 WHAT STEPS THE COUNTY CHOOSES TO TAKE TO FIX KING DREW MEDICAL
16 CENTER, ONE THING IS CERTAIN: THE COUNTY CAN NO LONGER AFFORD
17 TO DELAY ITS DECISION-MAKING PROCESS. I THEREFORE MOVE THAT,
18 IN ORDER TO PRESERVE ALL OF ITS OPTIONS IN REFORMING MARTIN
19 LUTHER KING, JR., CHARLES R. KING DREW MEDICAL CENTER WITHOUT
20 DELAY, THE BOARD OF SUPERVISORS INSTRUCT THE DEPARTMENT OF
21 HEALTH SERVICES TO SCHEDULE A BEILENSON HEARING ON TUESDAY,
22 OCTOBER THE 18TH, AT NOON IN THIS ROOM TO CONSIDER THE
23 REVISIONS OF THE CLINICAL FOOTPRINT AT KING DREW MEDICAL
24 CENTER AS RECOMMENDED BY THE AUGUST 5TH, 2005 REPORT BY THE
25 DIRECTOR OF D.H.S. I FURTHER MOVE THAT THE HOSPITAL ADVISORY



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1 BOARD, OTHER STAKEHOLDERS AND ANY INTERESTED PARTIES BE
2 REQUESTED TO PROVIDE WRITTEN COMMENTS ON THE DIRECTOR'S
3 RECOMMENDATION OR ANY ALTERNATIVES TO THOSE RECOMMENDATIONS BY
4 SEPTEMBER 30TH AND THAT THE DIRECTOR PROVIDE HIS WRITTEN
5 RESPONSE TO THOSE COMMENTS BY OCTOBER 7TH. I FURTHER MOVE THAT
6 THE BOARD DIRECT THE DEPARTMENT OF HEALTH SERVICES AND OTHER
7 DEPARTMENTS, AS NECESSARY TO, FIRST, APPROPRIATE A PLAN TO
8 MODIFY KING DREW MEDICAL CENTER'S STAFFING AND BUDGET WITHOUT
9 ANY INCREASE IN NET COUNTY COST TO EXPAND VARIOUS MEDICAL
10 SERVICES IN RESPONSE TO THE HEALTHCARE DELIVERY NEEDS OF
11 SERVICE PLAN AREA 6, INCLUDING CANCER SCREENING, DETECTION AND
12 TREATMENT, DIABETES, HIGH CHOLESTEROL AND HIGH BLOOD PRESSURE
13 SERVICES AND OUTPATIENT GENERAL AND SPECIALTY PEDIATRIC
14 SERVICES, AS OUTLINED IN THE AUGUST 5TH REPORT BY THE DIRECTOR
15 OF D.H.S. FOR CONSIDERATION BY THE BOARD AT ITS OCTOBER 18TH
16 MEETING. SECOND, TO CONTINUE DISCUSSIONS WITH ALL INTERESTED
17 PARTIES TO DEFINE THE FINANCIAL, OPERATIONAL AND CONTRACTUAL
18 PARAMETERS FOR CONTRACTING OUT THE OPERATIONS OF KING DREW
19 MEDICAL CENTER. THIRD, TO WORK WITH NAVIGANT CONSULTING TO
20 DEVELOP A PLAN FOR REDUCED OR REVISED CONSULTANT SERVICES AT
21 KING DREW MEDICAL CENTER, AS APPROPRIATE, UPON EXPIRATION OF
22 ITS CURRENT CONTRACT ON OCTOBER 31ST AND DEVELOP A REVISED
23 STAFFING MODEL FOR THE ENTIRE KING DREW MEDICAL CENTER
24 FACILITY, SIMILAR IN COST AND STRUCTURE TO THE STAFFING MODELS



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1 AT OLIVE VIEW AND HARBOR MEDICAL CENTERS, FOR CONSIDERATION BY
2 THE BOARD AT ITS OCTOBER 18TH MEETING.

3

4 **SUP. ANTONOVICH:** SECOND.

5

6 **SUP. YAROSLAVSKY:** MADAM CHAIR, I JUST WOULD SAY FOR THE
7 PURPOSES OF THE DISCUSSION, WITH THE EXCEPTION OF ITEMS 1 AND
8 3 IN YOUR MOTION, THE ONLY INCOMPATIBLE PARTS OF THIS MOTION
9 WITH YOUR MOTION ARE ITEMS 1 AND 3 IN YOUR MOTION. SO WHEN THE
10 TIME COMES, AFTER WE GET TO THAT POINT, I WOULD MOVE THAT WE
11 WOULD DIVIDE THE QUESTION ON YOUR MOTION, DETERMINE WHETHER 1
12 AND 3 ARE APPROVED AND, IF THEY'RE NOT APPROVED, THEN THIS
13 WOULD BE RELEVANT. IF THEY ARE APPROVED, THEN IT WOULDN'T BE
14 RELEVANT. THAT'S MY MOTION. THANK YOU.

15

16 **SUP. MOLINA, CHAIR:** VERY GOOD. ALL RIGHT. NEXT WE'RE GOING TO
17 PROCEED TO OUR PUBLIC COMMENT AND TESTIMONY ON THIS ITEM. IF I
18 COULD ASK CONGRESSIONAL WOMAN MAXINE WATERS TO PLEASE JOIN US,
19 CONGRESSWOMAN DIANE WATSON, COUNCIL WOMAN JANIS HAHN... [
20 APPLAUSE]

21

22 **SUP. MOLINA, CHAIR:** AS I MENTIONED BEFORE... [APPLAUSE
23 CONTINUES]

24



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1 **SUP. MOLINA, CHAIR:** AS I MENTIONED BEFORE, I KNOW THAT YOU
2 RESPECT THE ELECTED OFFICIALS, BUT IF WE COULD NOT APPLAUD OR
3 BOO OR HISS, IT WOULD ALLOW EVERYONE TO AT LEAST HAVE THEIR
4 OPINION HEARD. CONGRESSWOMAN.

5

6 **CONGRESSWOMAN MAXINE WATERS:** THANK YOU VERY MUCH. GOOD
7 MORNING, MADAM CHAIRWOMAN AND MEMBERS OF THE BOARD. I THANK
8 YOU FOR THE OPPORTUNITY TO ALLOW US TO OFFER TESTIMONY IN THE
9 CONSIDERATION OF SUPERVISOR MOLINA'S AND BURKE'S
10 RECOMMENDATION TO DIRECT THE DIRECTOR AND OTHERS TO DEFER
11 ACTION ON THE DEPARTMENT OF HEALTH SERVICES' DIRECTOR DR.
12 GARTHWAITE'S AUGUST 5TH 2005 REPORT TO SEPTEMBER 27TH. OUR
13 COALITION TO SAVE KING DREW MEDICAL CENTER SUPPORTS THE
14 MOLINA/BURKE RECOMMENDATION AND OUR COALITION SUPPORTS THE
15 HOSPITAL ADVISORY BOARD'S RECOMMENDATION TO DEFER ACTION ON
16 THIS UNTIMELY REPORT. AND SINCE WE HAVE HEARD SUPERVISOR
17 YAROSLAVSKY'S MOTION, WE OPPOSE HIS MOTION TO MOVE FORWARD
18 WITH BEILENSEN HEARINGS WITH AN EYE TOWARD THE DOWNSIZING OF
19 THIS HOSPITAL. WE WOULD-- WE CERTAINLY WOULD APPRECIATE TIME
20 TO SHARE OUR INPUT AND TO COUNTER DIRECTOR GARTHWAITE'S
21 RECOMMENDATIONS. WE HAVE NO CHOICE BUT TO ENGAGE IN THIS
22 PROCESS. HOWEVER, LET THE RECORD REFLECT OUR ADAMANT AND
23 CONSTANT OPPOSITION TO FURTHER ATTEMPTS TO DOWNSIZE OR CLOSE
24 ANY MORE UNITS AND/OR SERVICES OF MARTIN LUTHER KING HOSPITAL
25 OR TO CONTRACT OUT ANY PHYSICIAN OR ANY OTHER SERVICES. ALLOW



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1 ME AT THIS TIME TO VOICE OUR DISAPPROVAL OF DIRECTOR
2 GARTHWAITE'S RECOMMENDATIONS AND THE MANNER IN WHICH HE HAS
3 CONDUCTED HIMSELF IN THE RELEASING... [ENTHUSIASTIC CHEERS
4 AND APPLAUSE]

5

6 **SUP. MOLINA, CHAIR:** AGAIN, WOULD YOU PLEASE... [APPLAUSE
7 CONTINUES]

8

9 **SUP. MOLINA, CHAIR:** I'M GOING TO HAVE TO ASK YOU ONCE AGAIN.
10 WE WANT TO HAVE AN ORDER AND CIVIL MEETING THROUGHOUT. WE HAVE
11 MANY PEOPLE. THIS IS GOING TO TAKE OVER 2-1/2 HOURS. WE
12 UNDERSTAND THAT MANY OF YOU MIGHT BE SUPPORTIVE OF ONE
13 POSITION AND OPPOSED TO ANOTHER BUT, PLEASE, LET'S TRY AND
14 HAVE SOME ORDER THROUGHOUT OUR HEARING. I APOLOGIZE.
15 CONGRESSWOMAN?

16

17 **CONGRESSWOMAN MAXINE WATERS:** AND THE MANNER IN WHICH HE HAS
18 CONDUCTED HIMSELF IN THE RELEASING OF INFORMATION ABOUT THIS
19 REPORT. DIRECTOR GARTHWAITE GAVE THIS INFORMATION TO THE
20 PRESS, THE "L.A. TIMES" IN PARTICULAR, PRIOR TO HOLDING THIS
21 PHONY TELEPHONE CONFERENCE CALL WITH THE SO-CALLED
22 STAKEHOLDERS. DIRECTOR GARTHWAITE REFUSED TO IDENTIFY ALL WHO
23 WERE PRESENT ON THE TELEPHONE CONFERENCE CALL AND I WAS NEVER
24 INFORMED THAT THE "L.A. TIMES" HAD BEEN INVITED BY HIM TO
25 PARTICIPATE IN THIS CONFERENCE CALL. I DID NOT KNOW-- I DO



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1 KNOW THE "L.A. TIMES" HAD ALREADY BEEN GIVEN THE REPORT
2 BECAUSE "L.A. TIMES" COLUMNIST, TRACY WEBBER, CALLED MY OFFICE
3 THE DAY BEFORE THE CONFERENCE CALL AND OFFERED TO BRIEF ME ON
4 MR. GARTHWAITE'S REPORT. ON THE CONFERENCE CALL, DIRECTOR
5 GARTHWAITE SIMPLY, QUICKLY RECITED THE ESSENCE OF HIS
6 RECOMMENDATIONS, HALF ANSWERED MY INQUIRY ABOUT WHETHER HE HAD
7 GIVEN THE REPORT TO "THE LOS ANGELES TIMES" AND DID NOT, AT
8 THAT TIME, OFFER TO SHARE WITH ME THAT AN "L.A. TIMES"
9 REPORTER, MR. ORENSTEEN, WAS ON THE LINE. DIRECTOR GARTHWAITE
10 DID NOT ENTERTAIN ANY QUESTIONS AND HE HUNG UP AND LEFT THE
11 LINE WITH THE SO-CALLED STAKEHOLDERS STILL ON THE LINE
12 WONDERING WHAT HAD HAPPENED. BUT THIS IS TYPICAL OF DIRECTOR
13 GARTHWAITE'S DISRESPECT AND CONTEMPT FOR OUR COMMUNITY. I
14 AGAIN CALL ON HIM TODAY TO RESIGN OR BE FIRED. [ENTHUSIASTIC
15 CHEERS AND APPLAUSE]

16

17 **SUP. MOLINA, CHAIR:** PLEASE! PLEASE!

18

19 **CONGRESSWOMAN MAXINE WATERS:** MR. GARTHWAITE'S LACK OF
20 COMPETENT LEADERSHIP IS THE MAJOR CAUSE OF MANY OF THE
21 PROBLEMS AT KING DREW MEDICAL CENTER AND HE HAS INDICATED, ON
22 MORE THAN ONE OCCASION, THAT HE WAS LEAVING L.A. COUNTY HEALTH
23 SERVICES, THAT HE'D BEEN OFFERED A POSITION SOMEPLACE ELSE.
24 I'M HOPEFUL HE WILL BE GONE SOONER THAN LATER. MADAM
25 CHAIRWOMAN, WE SIMPLY CANNOT ELIMINATE ANY MORE HEALTH



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1 SERVICES IN SPA 6. DIRECTOR GARTHWAITE'S RECOMMENDATIONS ARE
2 SHAMEFUL AND IMMORAL. WE HAVE BEEN LIED TO ABOUT OUR TRAUMA
3 CENTER AND, BY THE WAY, DIRECTOR GARTHWAITE ADVISED US ON THE
4 CONFERENCE CALL TO FORGET ABOUT REOPENING THE TRAUMA CENTER,
5 IT WAS NOT ABOUT TO HAPPEN ANY TIME SOON. THE RECOMMENDATION
6 TO ELIMINATE PEDIATRICS AND OB/GYN IS VERY INTERESTING. ON THE
7 ONE HAND, WE HAVE HAD "THE LOS ANGELES TIMES" THAT HAS
8 UNDERMINED, DENIGRATED AND BASICALLY DISHONORED THE KING DREW
9 MEDICAL CENTER IN EVERY POSSIBLE WAY. THEY HAVE SPENT MORE INK
10 ON KING DREW MEDICAL CENTER AND WHAT'S WRONG WITH KING DREW
11 MEDICAL CENTER THAN ANY OTHER STORY THAT THEY HAVE PRODUCED IN
12 THE LAST YEAR. YET, AFTER HAVING ALL OF THESE ATTACKS,
13 GARTHWAITE WOULD HAVE THE AUDACITY TO COME HERE AND SAY THAT
14 MOTHERS DON'T USE THE FACILITY ANY MORE TO DELIVER THEIR
15 BABIES AND THAT MOTHERS ARE NOT BRINGING THEIR CHILDREN THERE
16 ANY MORE. WHAT DO YOU EXPECT WHEN THE "L.A. TIMES" HAS SPENT
17 PAGE AFTER PAGE TELLING THE CITIZENS OF THIS COUNTY HOW BAD IT
18 IS TO BE TREATED AT KING, WITH THE HELP OF MR. GARTHWAITE
19 GIVING THEM INFORMATION TO ADD TO THEIR ATTACKS ON KING. AND
20 SO, IT IS ABSOLUTELY UNTHINKABLE THAT SPA 6 WOULD BE DENIED
21 THE SERVICES OF PEDIATRICS AND OB/GYN. DO YOU UNDERSTAND, IN
22 SPA 6, WE HAVE JORTON DOWNS HOUSING PROJECT, NICKERSON
23 GARDENS, AVALON GARDENS, IMPERIAL COURTS, HACIENDA,
24 CONCENTRATIONS OF SOME OF THE POOREST PEOPLE IN THIS STATE, IN
25 THIS COUNTY AND PERHAPS IN THIS NATION. THE CHILDREN MAY NOT



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1 BE SEEN AT KING BUT, IF YOU WALK THROUGH THESE PUBLIC HOUSING
2 PROJECTS, YOU CANNOT HELP BUT UNDERSTAND WHY THEY SHOULD BE
3 SEEN. THE BABIES WITH SICKLE CELL ANEMIA, THE BABIES BORN WITH
4 H.I.V./A.I.D.S., THE CHILDREN WITH ASTHMA. NO, MANY OF THEM
5 ARE NOT BEING SEEN AND I BLAME THE HOSPITAL FOR NOT DOING ALL
6 OF THE OUTREACH THAT IT SHOULD DO. BUT BELIEVE ME, PEDIATRICS
7 SHOULD NOT BE CLOSED SIMPLY BECAUSE HIS NUMBERS DOES NOT SHOW
8 THAT PEOPLE ARE USING THE HOSPITAL. PEOPLE ARE NOT USING THE
9 HOSPITAL BECAUSE THE OUTREACH HAS NOT BEEN GREAT ENOUGH,
10 PEOPLE HAVE BEEN DISCOURAGED FROM USING THE HOSPITAL AND TO
11 HAVE HIM COME HERE AND TELL YOU, "CLOSE IT DOWN BECAUSE IT'S
12 NOT NEEDED" IS ABSOLUTELY IMMORAL, IMMORAL AND NOT TO BE
13 TOLERATED. IN ADDITION TO THAT, I HEARD MR. GARTHWAITE SAY
14 TODAY THAT THEY WOULD KEEP OPEN THE SERVICES FOR HEART
15 DISEASE, HYPERTENSION, DIABETES, CANCER AND STROKE. THESE
16 DISEASES THAT ARE SO PREVALENT IN SPA 6 YET HE TALKED ABOUT
17 THE COST OF CARE BEING TOO HIGH AT KING DREW AND SOMEHOW
18 MAKING IT CONFORM TO THE COST OF CARE OF OLIVE VIEW OR
19 U.C.L.A. HARBOR, OTHER HOSPITALS. IF, ON THE ONE HAND, HE
20 RECOGNIZES THAT WE'RE BEING DEVASTATED BY PREVENTABLE
21 DISEASES, SUCH AS CARDIOVASCULAR DISEASES, HYPERTENSION,
22 DIABETES, CANCER, AND STROKE, HOW CAN HE THEN DENY THAT THESE
23 ARE COSTLY SERVICES, THAT WE'RE NOT DOING THE WORK WE SHOULD
24 BE DOING WITH PREVENTION TO AVOID PEOPLE COMING, GETTING THE
25 AMPUTATIONS AND THE COSTLY CARE THAT YOU HAVE TO GIVE TO



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1 PEOPLE WHO HAVE NOT HAD THE PROPER SERVICES? MADAM CHAIRWOMAN
2 AND MEMBERS, THIS IS THE 40TH YEAR ANNIVERSARY OF THE WATTS
3 INSURRECTION, THE TURMOIL OUT OF WHICH KING DREW WAS CREATED.
4 THIS IS NO TIME TO PLAN TO UNDERMINE THE MISSION OF KING. KING
5 WAS DEVELOPED TO PROVIDE COMPREHENSIVE MEDICAL SERVICES, NOT
6 SOME WRETCHED DOWN DESCRIPTION OF A WOULD-BE HOSPITAL THAT
7 DENIES BASIC SERVICES THAT ARE NEEDED IN THIS SPA. KING
8 CERTAINLY HAS BEEN MISMANAGED, UNDERMINED, SHORTCHANGED,
9 MISUSED AND ABUSED AND, YES, SOME PATIENTS HAVE SUFFERED FOR
10 IT. CAREERS HAVE BEEN DESTROYED BUT, MORE THAN ANYTHING ELSE,
11 THE CITIZENS OF SPA 6 HAVE BEEN MARGINALIZED AND UNDERSERVED,
12 AND THE ONLY WINNER IN ALL OF THIS IS THE "L.A. TIMES". THEY
13 TOOK UP WHERE CLAIRE SPIEGEL LEFT OFF. SHE WAS ANOTHER "L.A.
14 TIMES" REPORTER WHO ATTEMPTED TO GET A PULITZER PRIZE AND WAS
15 DENIED. THE "L.A. TIMES" DUPLICATED MUCH OF HER WORK. IT WAS
16 TANTAMOUNT TO PLAGIARIZING. THEY RESTRUCTURED IT, THEY ALIGNED
17 THEMSELVES WITH DISGRUNTLED EMPLOYEES, THEY SNEAKED IN AND OUT
18 OF THE HOSPITAL. THEY GOT THEIR PULITZER PRIZE WITH THE
19 CLOSURE OF THE TRAUMA CENTER. ORANGESTEEN AND WEBBER ARE
20 WORKING ON THEIR SECOND PULITZER PRIZE. IF THESE
21 RECOMMENDATIONS ARE ADOPTED, THEY WILL GET THEIR SECOND
22 PULITZER PRIZE. AND, WHEN THE HOSPITAL IS FINALLY CLOSED, THE
23 GREAT TRIBUNE ORGANIZATION AND THE OWNER OF THE "L.A. TIMES"
24 WILL BE ABLE TO BRAG ABOUT THEIR THIRD PULITZER PRIZE, WON ON
25 THE BACKS OF THE POOREST, MOST VULNERABLE PEOPLE IN THE STATE



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1 AND PERHAPS THE NATION. MR.-- MADAM CHAIR AND MEMBERS, I
2 CANNOT SUFFER THIS. I WILL NOT SERVE AS A MEMBER OF CONGRESS
3 WITH MY RESIDENTS DEPENDING ON A HOSPITAL THAT I HAVE FOUGHT
4 FOR. ANY TIME THE SUPERVISORS OR ANYBODY ELSE HAVE ASKED FOR
5 MY ASSISTANCE FOR FUNDING, I AM THERE. THIS IS MY WORK. THIS
6 IS WHAT I DO. I WILL NOT ALLOW THIS HOSPITAL TO BE UNDERMINED
7 AND DECIDED ON BY SOMEONE LIKE GARTHWAITE, WHO DOESN'T GIVE A
8 DARN ABOUT THESE RESIDENTS. I BELIEVE THAT THE BOARD OF
9 SUPERVISORS HAVE TRIED AND YOU REALLY DO CARE AND YOU HAVE
10 DEPENDED ON HIM FOR RECOMMENDATIONS. WHAT IS HE DOING NOW
11 COMING HERE WITH THESE RECOMMENDATIONS? WE PAID, WHAT, \$14
12 MILLION FOR NAVIGANT. THEY CAME UP WITH 1,000 INDICATIONS OF
13 PROBLEMS. WHY IS HE SUPERSEDING THEIR RECOMMENDATIONS? WHAT
14 HAVE WE BEEN PAYING THEM FOR? AND FURTHERMORE, SUPERVISORS,
15 YOU SHOULD ASKED ALL OF THEM WHETHER OR NOT EVERY EMPLOYEE IN
16 THAT HOSPITAL HAVE BEEN TALKED TO, HAVE BEEN CALLED INTO A
17 GROUP MEETING OR INDIVIDUAL MEETINGS, HAVE BEEN PUT ON NOTICE,
18 HAVE BEEN MADE TO EXPLAIN WHAT IT IS ABOUT THEIR JOBS THAT IS
19 CAUSING THEM PROBLEMS. YOU HAVE NOT SEEN A SCHEME OR A PLAN
20 THAT SHOWED YOU HOW THEY WERE GOING TO DO IT, BECAUSE THEY
21 HAVEN'T DONE IT. GARTHWAITE WENT OUT THERE, AT THE DIRECTION
22 OF THIS BOARD, SUPPOSEDLY TO SET UP AN OFFICE TO OVERSEE WHAT
23 HAS BEEN GOING ON. HAS HE DONE THAT? NO. HE HAS BEEN
24 CONSISTENT IN HIS LACK OF MANAGEMENT AND SUPERVISION. THERE'S
25 A LOT MORE THAT I CAN SAY BUT I APPRECIATE THE TIME THAT YOU



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1 HAVE GIVEN TO ME TO EXPRESS MY DEEP AND SINCERE FEELINGS ABOUT
2 WHAT HAS TAKEN PLACE WITH THIS RECOMMENDATION, AND I THANK YOU
3 VERY MUCH AND I WILL ENTERTAIN ANY QUESTIONS YOU MAY HAVE. [
4 APPLAUSE]

5

6 **SUP. MOLINA, CHAIR:** IF YOU WOULD, LET'S DO THIS... [APPLAUSE
7 CONTINUES]

8

9 **SUP. MOLINA, CHAIR:** LET'S DO THIS... [APPLAUSE CONTINUES]

10

11 **SUP. MOLINA, CHAIR:** ...WITHOUT APPLAUSE, PLEASE. [
12 INTERJECTIONS]

13

14 **SUP. MOLINA, CHAIR:** NO SHOUTING, PLEASE. [APPLAUSE CONTINUES
15]

16

17 **SUP. MOLINA, CHAIR:** WE UNDERSTAND AND RESPECT YOUR OPINION
18 BUT, IN ORDER TO MOVE FORWARD, WE WOULD APPRECIATE, LET'S FIND
19 OTHER WAYS TO DO IT. THANK YOU SO MUCH, CONGRESSWOMAN. NEXT
20 I'M GOING TO CALL-- IS THERE ANY QUESTION OR COMMENT? IF NOT,
21 CONGRESSWOMAN DIANE WATSON. WELCOME.

22

23 **CONGRESSWOMAN DIANE WATSON:** THANK YOU VERY MUCH. I'M
24 CONGRESSWOMAN DIANE WATSON, AND I HAVE COPIES OF MY
25 PRESENTATION. I WANT TO THANK YOU AND YOUR FELLOW BOARD



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1 MEMBERS FOR ALLOWING ME TO COME BEFORE YOU TODAY TO EXPRESS MY
2 CONCERNS ABOUT THE RECENT PROPOSED CHANGES AT KING DREW
3 MEDICAL CENTER. AS A MEMBER OF CONGRESS FOR THE 33RD
4 CONGRESSIONAL DISTRICT, I REPRESENT TENS OF THOUSANDS OF
5 RESIDENTS OF SOUTH LOS ANGELES AND ITS NEIGHBORING
6 COMMUNITIES. MANY OF THEM HAVE ALREADY HAD OCCASION TO SEEK
7 HELP AT KING DREW MEDICAL CENTER AND MANY OTHERS MAY YET DO SO
8 IN THE FUTURE. I ALSO EXTEND MY GREETINGS TO THE BOARD AND
9 FELLOW ELECTED OFFICIALS, DR. GARTHWAITE, MR. FLORES, MR. HANK
10 WELLS, DR. YOSHIKAWA, DR. PEAKS AND THE OTHER PROFESSIONALS
11 ASSOCIATED WITH THE KING DREW MEDICAL CENTER, AS WELL AS THE
12 COMMUNITY KING DREW SERVES, ESPECIALLY THOSE WHO HAVE TURNED
13 OUT TODAY IN SUCH NUMBERS BECAUSE THEY, LIKE ME, ARE CONCERNED
14 ABOUT WHAT IS BEING DONE TO ENSURE QUALITY HEALTHCARE FOR THE
15 RESIDENTS OF SOUTH LOS ANGELES. I COME HERE TODAY WITH A
16 SINGLE MESSAGE, A MESSAGE THAT YOU HAVE BEEN HEARING ALL THE
17 WAY FROM THE HALLS OF THE MEDICAL CENTER IN WILLOWBROOK TO
18 THIS HALL OF ADMINISTRATION IN DOWNTOWN. FIX IT. DON'T CLOSE
19 IT. I SPEAK OUT IN SUPPORT OF THE MOTION OF SUPERVISORS MOLINA
20 AND BURKE, WHO HAVE CALLED FOR YOU TO REJECT THE COUNTY HEALTH
21 SERVICES RECOMMENDATION TO CLOSE KING DREW'S OBSTETRIC,
22 PEDIATRIC AND NEONATAL FACILITIES, WHILE OTHER SOLUTIONS TO
23 THE MEDICAL CENTER'S CHALLENGES ARE CONSIDERED AND PURSUED.
24 THE CALLS, MAIL, ELECTRONIC MESSAGES AND FACE-TO-FACE
25 COMMUNICATIONS I CONTINUE TO RECEIVE ON THIS ISSUE ARE



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1 UNANIMOUS AND SPEAK AS ONE VOICE ABOUT KING DREW MEDICAL
2 CENTER: DON'T CLOSE IT, DON'T SHRINK IT, DON'T HACK IT UP,
3 DON'T STARVE IT OF RESOURCES, DON'T DRAIN IT OF ITS
4 PROFESSIONAL TALENT, DON'T HAND IT OVER TO STRANGERS, DON'T
5 PASS THE BUCK, DON'T IGNORE IT, AND DON'T ABANDON THE PEOPLE
6 IT SERVES DAY IN AND DAY OUT. I KNOW THE FRUSTRATION YOU MUST
7 FEEL. I FEEL IT, TOO. I UNDERSTAND THE WEARINESS YOU ENDURE. I
8 HEAR THE COMPLAINTS AND CRITICISMS TO WHICH YOU ARE SUBJECTED
9 TO INCREASINGLY. I SEE THE RELENTLESS PRESSURE YOU LABOR UNDER
10 FROM THE MEDIA TO DEAL THE DEATH BLOW BUT I AM HERE TO ASK YOU
11 NOT TO YIELD BECAUSE THERE ARE STILL FAMILIES THAT NEED A
12 HOSPITAL IN SOUTH LOS ANGELES WHO DESERVE ONE AND WHO DO, IN
13 FACT, HAVE ONE, BATTERED AS IT MAY BE. I ASK THAT YOU REMEMBER
14 WHY KING DREW WAS FOUNDED IN THE FIRST PLACE AND BY WHOM AND
15 FOR WHOM. IF IT WERE EASY OR CHEAP OR PROFITABLE TO BUILD A
16 HOSPITAL TO SERVE THIS COMMUNITY, IT WOULD NOT HAVE TAKEN AN
17 UPRISING TO DO IT. DON'T THROW AWAY THE DREAM THAT BUILT THIS
18 HOUSE OF HEALING WHERE THE NEED WAS SO GREAT. THE NEED IS
19 STILL THERE. SO MARTIN LUTHER KING, JR. AND CHARLES DREW MUST
20 BE THERE, TOO. KING DREW IS A VISION MADE REAL. ITS CONCEPTION
21 WAS VIOLENT. ITS BIRTH WAS BLOODY. ITS GESTATION WAS LONG AND
22 ITS MATURITY HAS BEEN SLOW IN COMING. BUT IF YOU TAKE IT AWAY
23 OR SHRINK IT INTO IRRELEVANCE, YOU WILL BE SENDING A MESSAGE
24 AND STARTING A SAD CYCLE ALL OVER AGAIN. THE MESSAGE WILL BE
25 THAT THERE ARE THOSE IN OUR MIDST WHO DON'T DESERVE TO BE



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1 CARED FOR IN AN ACCESSIBLE MANNER AND THE CYCLE WILL BE SET IN
2 MOTION BY THOSE WHO DON'T CARE, TURNING THEIR BACKS ONCE
3 AGAIN, TO WALK AWAY, INVITING THE SAME BITTER SEQUENCE OF
4 EVENTS WE ENDURED 40 YEARS AGO. BUT WE ARE NOT DOOMED TO
5 REPEAT THE PAST IF WE CHOOSE TO LEARN FROM IT. IF SOMEBODY
6 FORGOT TO SAY "PLEASE" AND THAT WILL MAKE A DIFFERENCE, THEN I
7 AM SAYING PLEASE. IF SOMEBODY FAILED TO OFFER YOU HELP, I AM
8 OFFERING TO DO WHATEVER I CAN, ALONG WITH MY COLLEAGUES IN
9 WASHINGTON, D.C. IF NO ONE HAS EVER THANKED YOU FOR YOUR
10 PATIENCE AND YOUR EFFORTS, I THANK YOU NOW. THIS IS BIGGER
11 THAN WE ARE AND WE MUST RISE TO THE OCCASION, SETTING ASIDE
12 THE DIFFERENCES, THE PERSONALITY AND POLITICS. THERE ARE STILL
13 UNTRIED OPTIONS AND UNASKED QUESTIONS, SO LET US TRY, LET US
14 ASK AND LET US LISTEN. I WILL END THIS AS I BEGAN. THE MESSAGE
15 IS SIMPLE: WOMEN AND MOTHERS SHOULD NOT BE DRIVEN FROM THEIR
16 OWN NEIGHBORHOODS TO SEEK CARE FOR THEMSELVES AND THEIR
17 BABIES. SERVICE INSTITUTIONS BUILT LITERALLY ON BLOOD, SWEAT
18 AND TEARS ARE TOO PRECIOUS TO DISMANTLE. WE, AS RESPONSIBLE
19 ELECTED OFFICIALS, APPOINTED OFFICIALS, CANNOT ALLOW THIS DIS-
20 JUSTICE TO HAPPEN AND YOU, HOLDING THE PUBLIC TRUST, SHOULD
21 NOT WANT IT TO HAPPEN. SO WE MUST ALL COME TO OUR PLACE OF
22 RESPONSIBILITY, FIX WHAT IS BROKEN. DON'T FURTHER DESTROY IT
23 AND WALK AWAY. FIX IT. AND IF IT TAKES US SEVERAL MONTHS OR
24 SEVERAL YEARS, THAT SHOULD BE OUR COMMITMENT. AND BELIEVE ME,
25 I WILL WORK WITH MAXINE WATERS AND WHO ELSE WE NEED TO IN



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1 WASHINGTON, D.C. TO BRING THE NECESSARY FUNDS AND PROGRAMS TO
2 THIS CENTER, THIS CENTER THAT GREW OUT OF THE ASHES. LET US
3 NOT CONTINUE THE DESTRUCTION BUT LET'S BE CONSTRUCTIVE. THANK
4 YOU VERY MUCH, MEMBERS. [APPLAUSE]

5

6 **SUP. MOLINA, CHAIR:** THANK YOU, CONGRESSWOMAN. [APPLAUSE
7 CONTINUES]

8

9 **SUP. MOLINA, CHAIR:** PLEASE! LET'S DO IT THIS WAY. PLEASE,
10 COULD I ASK YOU TO STOP APPLAUDING, PLEASE. THANK YOU.
11 COUNCILWOMAN.

12

13 **COUNCILWOMAN JANICE HAHN:** THANK YOU, MADAM CHAIR, MEMBERS OF
14 THE BOARD, THANK YOU FOR ALLOWING ME TO ADDRESS YOU REGARDING
15 THIS IMPORTANT ITEM TODAY ON YOUR AGENDA. A FEW WEEKS AGO, I
16 ALSO HAD THE OPPORTUNITY TO BE BRIEFED BY MR. GARTHWAITE ON A
17 CONFERENCE CALL REGARDING HIS RECOMMENDATIONS FOR KING DREW. I
18 MUST ADMIT, I WAS APPALLED AND DISAPPOINTED THAT, AFTER YEARS
19 OF ALL OF US DISCUSSING AND DEBATING THIS ISSUE, IN MY
20 OPINION, MR. GARTHWAITE STILL DOES NOT GET IT. HE DOES NOT
21 UNDERSTAND THE IMPORTANCE OF THIS HOSPITAL TO THE COMMUNITIES
22 OF WATTS AND WILLOWBROOK. I WAS ALSO DISAPPOINTED THAT, AFTER
23 YEARS OF THIS BOARD ASKING MR. GARTHWAITE TO FIX THE PROBLEMS
24 AT KING DREW, HE HAS BEEN UNABLE TO FIND A WAY TO DO IT. MR.
25 GARTHWAITE DOES NOT UNDERSTAND THAT THIS HOSPITAL IS THE



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1 LIFELINE FOR THOUSANDS OF PEOPLE AND IT CANNOT BE DOWNSIZED
2 AND IT CANNOT BE CLOSED. AND AS WE HAVE SEEN FROM THE LACK OF
3 PROGRESS WHEN THE HOSPITAL HAS DOWNSIZED OVER THE LAST SEVERAL
4 MONTHS, HIS DECOMPRESSION PLAN HAS PROVEN TO BE A FAILURE
5 ANYWAY. AS HAS BEEN SAID, LOS ANGELES IS CURRENTLY REMEMBERING
6 THAT FATEFUL TIME 40 YEARS AGO, THE WATTS RIOTS AND THE MCCONE
7 COMMISSION ADMITTED THAT ONE OF THE UNDERLYING REASONS FOR THE
8 UPRISING, ONE OF THE JUSTIFICATIONS FOR THE ANGER IN THIS
9 COMMUNITY WAS THAT PEOPLE WERE DYING. THEY WERE NOT DYING
10 BECAUSE OF THEIR ILLNESSES OR INJURIES BUT THEY WERE DYING
11 BECAUSE OF THE DISTANCE THEY HAD TO TRAVEL FOR HEALTHCARE.
12 THIS HOSPITAL ROSE OUT OF THE ASHES OF THOSE RIOTS AND WHILE
13 TODAY WE'RE FIGHTING FOR MANY OF THE THINGS WE FOUGHT FOR 40
14 YEARS AGO, I CAN'T BELIEVE WE ARE STILL HERE FIGHTING FOR
15 QUALITY HEALTHCARE FOR THE COMMUNITY OF WATTS. LACK OF ACCESS
16 TO HEALTHCARE WAS ONE OF THE LARGEST FACTORS LEADING TO THAT
17 RIOT AND MANY IN THAT COMMUNITY MADE IT THEIR MISSION TO BUILD
18 THIS HOSPITAL TO PROVIDE FULL SERVICE HEALTHCARE TO THE
19 COMMUNITY AND, FOR YEARS, IT DID STAND AS ONE OF THE GREATEST
20 HOSPITALS IN THIS COUNTRY AND, TODAY, IT SITS IN DISARRAY. FOR
21 THE PAST FEW YEARS, MANY OF US HAVE BEEN COMING TO THESE
22 MEETINGS ASKING YOU TO PLEASE FIX THE PROBLEMS AT KING DREW.
23 WE'VE OFFERED OUR HELP, OUR SERVICES AND WE'VE ASKED HOW WE
24 COULD HELP. AND WHILE NONE OF US SEEM TO HAVE THE GOLDEN
25 SOLUTION RIGHT NOW, I KNOW THIS: THAT MR. GARTHWAITE'S



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1 RECOMMENDATION ARE NOT THE RIGHT SOLUTION. THEY ARE ILL-
2 INFORMED AND THEY ARE JUST PLAIN WRONG AND I ASK, HOW CAN THIS
3 BOARD CONTINUE TO TAKE THE ADVICE OF MR. GARTHWAITE? THIS IS
4 THE SAME MAN THAT, IN FEBRUARY OF 2004, CUT THE TRAUMA LOAD AT
5 KING DREW BY 18% TO DECOMPRESS THE HOSPITAL SO THAT THE
6 PROBLEMS COULD BE FIXED. THAT PLAN FAILED. THIS IS THE SAME
7 PERSON WHO, IN MAY OF LAST YEAR, ANNOUNCED THAT THEY WERE
8 CLOSE TO A PROFOUND TRANSFORMATION OF THE MEDICAL CENTER AND
9 THIS IS THE SAME MAN THAT, LAST JUNE, ANNOUNCED THAT A
10 TURNAROUND CONSULTANT FOR THE HOSPITAL, WHOM HE HAD HIRED AND
11 THEN NEVER BOTHERED TO CALL, WAS NO LONGER NEEDED BECAUSE THE
12 COUNTY WAS MAKING SIGNIFICANT PROGRESS TOWARDS FIXING THE
13 PROBLEMS AT KING DREW. AND DR. GARTHWAITE TOLD YOU THAT
14 CLOSING DOWN THE TRAUMA CENTER ALMOST A YEAR AGO WOULD, AGAIN,
15 DECOMPRESS THE HOSPITAL AND ALLOW D.H.S. TO TURN IT AROUND.
16 AND HE TOLD US THAT THIS WOULD ALLOW US TO FIX THE HOSPITAL SO
17 THAT ULTIMATELY WE COULD REOPEN THE TRAUMA CENTER. TODAY, HE
18 RECOMMENDS, AS MANY OF US SUSPECTED, THAT IT WILL NEVER
19 REOPEN. THIS IS UNACCEPTABLE. AND NAVIGANT WAS HIRED TO TURN
20 THE PROBLEMS AROUND AND YET NAVIGANT ADMITTED THAT THEY HAD
21 FAILED TO REPORT OR INVESTIGATE SIGNIFICANT PATIENT LAPSES AT
22 THIS HOSPITAL. THIS BOARD HAS BEEN TAKING ADVICE FROM MR.
23 GARTHWAITE AND OUR HOSPITAL STILL SITS IN DISARRAY. MR.
24 GARTHWAITE NOW TELLS THE "L.A. TIMES" THAT, QUOTE, "NO
25 PREGNANT WOMAN WILL HAVE TROUBLE FINDING OBSTETRICAL CARE AND



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1 NO KID IS NOT GOING TO GET HOSPITALIZED WHEN THEY NEED TO BE
2 HOSPITALIZED." HOW CAN WE BELIEVE WHAT HE SAYS? MAYBE IT'S
3 TIME FOR THE BOARD OF SUPERVISORS TO SEEK ADVICE FROM SOMEONE
4 ELSE. [APPLAUSE] [ENTHUSIASTIC CHEERS AND APPLAUSE]

5

6 **SUP. MOLINA, CHAIR:** PLEASE! PLEASE! [APPLAUSE CONTINUES]

7

8 **SUP. MOLINA, CHAIR:** PLEASE. PROCEED.

9

10 **COUNCILWOMAN JANICE HAHN:** AND IN TODAY'S PAPER, DR. GARTHWAITE
11 TOOK IT UPON HIMSELF TO REWRITE KING DREW'S MISSION STATEMENT.
12 AND LET'S REMEMBER THE MISSION STATEMENT OF THIS HOSPITAL FOR
13 YEARS HAS BEEN TO PROVIDE QUALITY, COMPREHENSIVE MEDICAL CARE
14 THAT IS ACCESSIBLE AND ACCEPTABLE TO THE NEEDS OF THE
15 COMMUNITY WE SERVE. BUT TODAY, MR. GARTHWAITE SAID THAT HIS
16 RECOMMENDATIONS WOULD ALLOW KING DREW TO, QUOTE, "FOCUS ON ITS
17 MOST BASIC MISSION, WHICH IS TO PROVIDE SERVICES WHICH ARE NOT
18 AVAILABLE ELSEWHERE." WHEN DID HE-- WAS HE GIVEN THE
19 INSTRUCTION OR THE AUTHORITY TO REDEFINE THE HOSPITAL'S
20 MISSION? THE MISSION OF KING DREW HAS ALWAYS BEEN TO PROVIDE
21 FULL SERVICE, COMPREHENSIVE HEALTHCARE FROM THE TIME YOU ARE
22 BORN 'TIL THE TIME YOU DIE. I URGE THE MEMBERS OF THE BOARD
23 THIS MORNING TO ADOPT THE MOTION THAT HAS BEEN INTRODUCED BY
24 SUPERVISORS BURKE AND MOLINA. THIS FINALLY ASKS D.H.S. AND
25 OTHERS INVOLVED AT KING DREW TO COME UP WITH CLEAR TIMELINES



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1 AND CLEAR STEPS TO SOLVE MANY OF THE PROBLEMS THAT HAVE
2 PLAGUED THIS HOSPITAL, LIKE RECRUITMENT PARTICULARLY OF
3 PERMANENT NURSES AND THE HIRING OF A C.E.O. [APPLAUSE]

4

5 **COUNCILWOMAN JANICE HAHN:** MOST IMPORTANTLY, IT SETS UP A
6 SYSTEM TO HOLD YOUR DEPARTMENT OF HEALTH SERVICES ACCOUNTABLE
7 AND TO RETURN THIS FACILITY TO THE EXCELLENT FACILITY IT ONCE
8 WAS. ONCE AGAIN, I SIT HERE THIS MORNING ASKING FOR YOUR
9 SUPPORT OF KING DREW MEDICAL CENTER AS A FULL SERVICE MEDICAL
10 FACILITY. I ASK THAT YOU APPROVE THIS MOTION BEFORE YOU AND
11 JOIN ME IN CONTINUING TO FIGHT FOR THE PEOPLE THAT I REPRESENT
12 THAT DEPEND ON THIS HOSPITAL. AND WHILE I AM AGAINST MOVING
13 FORWARD, I AM NOT CLEAR NOW WHAT THE VOTE IS TODAY AND IF, IN
14 FACT, YOU MAKE WHAT I THINK WOULD BE A WRONG DECISION, TO MOVE
15 FORWARD WITH SUPERVISOR YAROSLAVSKY'S MOTION, I URGE YOU TO AT
16 LEAST HOLD THE BEILENSEN HEARINGS IN THE COMMUNITY AND NOT
17 HERE AT THE COUNTY HALL OF ADMINISTRATION. [APPLAUSE]

18

19 **COUNCILWOMAN JANICE HAHN:** THESE-- THIS COMMUNITY IS
20 FRIGHTENED, THIS COMMUNITY IS FEARFUL, THIS COMMUNITY IS
21 CONFUSED ABOUT WHAT THEIR HEALTHCARE OPTIONS ARE RIGHT NOW AND
22 THE LEAST WE COULD DO IS TO BRING THESE HEARINGS TO THE
23 COMMUNITY WHERE THE PEOPLE WHO ARE MOST IMPACTED BY YOUR
24 DECISIONS LIVE. THANK YOU VERY MUCH.

25



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1 **SUP. MOLINA, CHAIR:** THANK YOU, COUNCILWOMAN. [CHEERS AND
2 APPLAUSE]

3

4 **SUP. MOLINA, CHAIR:** AGAIN, PLEASE. IF I COULD ASK COUNCILWOMAN
5 LETICIA VASQUEZ TO JOIN US, NATE HOLDEN, COUNCILMAN RETIRED
6 AND MR. ERIC BOYD, WHO IS THE DISTRICT DIRECTOR FOR
7 ASSEMBLYMAN MARK RIDLEY-THOMAS, AS WELL AS REVEREND JAMES
8 LAWSEN, IF HE WOULD JOIN US. COUNCILWOMAN?

9

10 **COUNCILWOMAN LETICIA VASQUEZ:** GOOD AFTERNOON, HONORABLE
11 CHAIRPERSON AND MEMBERS OF THE BOARD OF SUPERVISORS. MY NAME
12 IS LETICIA VASQUEZ AND I'M A COUNCIL MEMBER IN THE CITY OF
13 LYNWOOD AND I COME BEFORE YOU TO RESPECTFULLY REQUEST THAT YOU
14 DEFER ACTION ON A DECISION THAT WAS PRESENTED BY MR.-- MR.
15 GARTHWAITE-- GARTHWAITE. THE CITY OF LYNWOOD IS THE HOME OF
16 ST. FRANCIS MEDICAL CENTER, WHICH IS THE HOSPITAL THAT HAS
17 BASICALLY BEEN FORCED TO PICK UP THE TRAUMA PATIENTS THAT THE
18 HOSPITAL CAN NO LONGER SERVE. OUR SERVICES TO TRAUMA CARE
19 PATIENTS HAS MORE THAN DOUBLED SINCE THE CLOSURE OF THE TRAUMA
20 CENTER, SO OUR HOSPITAL HAS GREATLY BEEN IMPACTED BY ITS
21 CLOSURE. THE-- OUR ST. FRANCIS HOSPITAL HAS BEEN FORCED TO
22 SCRAMBLE TO CREATE A DIFFERENT DEPARTMENT, WHICH NOW IS CALLED
23 THE FAST TRACK EMERGENCY CARE CENTER, IN ORDER TO FILL THE
24 VOID AND THE GAP THAT IS CURRENTLY THERE BECAUSE OF THE
25 CLOSURE OF THE TRAUMA CENTER. THE RECOMMENDATION TO DOWNSIZE



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1 SERVICES AT KING DREW MEDICAL CENTER WOULD HAVE A FURTHER
2 STRAIN ON THE MEDICAL SERVICES THAT ARE PROVIDE-- PROVIDED BY
3 ST. FRANCIS MEDICAL CENTER. THE ELIMINATION OF THOSE-- OF
4 THOSE DEPARTMENTS, AGAIN, WOULD JUST CREATE A DEVASTATING
5 IMPACT ON-- ON THE HEALTHCARE SERVICES THROUGHOUT THE REGION.
6 SO I AM HERE TO RESPECTFULLY REQUEST THAT YOU DEFER ACTION ON
7 THIS MATTER UNTIL OTHER ALTERNATIVES ARE PURSUED. THANK YOU.

8

9 **SUP. ANTONOVICH:** YES, SIR. MR. BOYD THEN MR. HOLDEN.

10

11 **ERIC BOYD:** YES, SIR. GOOD MORNING. MY NAME IS ERIC BOYD,
12 DISTRICT DIRECTOR FOR STATE ASSEMBLYMAN MARK RIDLEY-THOMAS AND
13 HERE TO SAY, ON THE ASSEMBLYMAN'S BEHALF, FIRST OF ALL, THAT
14 IT IS HIS HOPE, OUR HOPE THAT COOLER HEADS WILL PREVAIL AND
15 THAT WE CAN RESOLVE WHATEVER DIFFERENCES IN A WAY THAT IS
16 FIRST AND FOREMOST MOST CONSIDERATE OF THE CONSTITUENTS IN THE
17 COMMUNITY SERVED BY THE KING DREW MEDICAL CENTER AND TO DO SO
18 IN SUCH A WAY THAT REPRESENTS THOSE CONSTITUENTS PROUDLY AND
19 IN THE BEST SPIRIT OF DEMOCRACY THAT WE OUGHT TO BE
20 EXEMPLIFYING. THAT SAID, THESE ARE THE ASSEMBLYMAN'S COMMENTS.
21 THE LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES'
22 RECOMMENDATIONS FOR KING DREW MEDICAL CENTER ARE BUT A START.
23 AND REPRESENTATIVE WATSON SPOKE ABOUT THE UNANSWERED QUESTIONS
24 AND UNEXPLORED OPTIONS AND THE ASSEMBLYMAN WANTS TO
25 REEMPHASIZE THAT NOTION THAT THOSE QUESTIONS BE ASKED AND



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1 THOSE OPTIONS BE EXPLORED. HOWEVER, THE REFORM PROCESS MUST
2 PURSUE THE FOLLOWING ULTIMATE GOALS: NUMBER 1 IS TO ENSURE
3 THAT THE PROBLEMS PLAGUING KING DREW MEDICAL CENTER ARE
4 RECTIFIED AND RECTIFIED PERMANENTLY. NUMBER 2, ENSURE THAT
5 KING DREW BE ACCREDITED AND MAINTAINED AS A CRITICAL HIGH
6 QUALITY HEALTHCARE RESOURCE FOR SUBSTANTIALLY UNDERSERVED
7 COMMUNITY. AND, NUMBER 3, WE ENSURE THAT WE SERVE THE NEEDS OF
8 THAT COMMUNITY IN THE MOST EFFECTIVE WAYS, BOTH FISCALLY AND
9 FUNCTIONALLY. TOWARD THESE ENDS, THE ASSEMBLYMAN SUPPORTS THE
10 MOTION BY SUPERVISORS BURKE AND MOLINA AND OFFERS THE
11 FOLLOWING COMMENTS IN REGARDS TO THAT MOTION. FIRST, THE
12 COORDINATION OF EFFORTS BY STIPULATED ENTITIES CALLED FOR IN
13 THE MOTION TO RETURN COMPREHENSIVE ACTION PLANS REGARDING
14 STAFF RECRUITMENT AND EMPLOYEE ACCOUNTABILITY MEASURES ARE
15 BOTH VITALLY IMPORTANT AND NECESSARY TO THE ACHIEVEMENT OF THE
16 AFOREMENTIONED GOALS ABOVE. AS SUCH, THE EXTENDED TIME IS
17 BOTH, AGAIN, PRUDENT AND WARRANTED. THE COORDINATION OF
18 EFFORTS AMONG ADMINISTRATIVE ENTITIES SUCH AS THE HOSPITAL
19 ADVISORY BOARD, NAVIGANT CONSULTING AND OTHERS TO ENSURE
20 COMPREHENSIVE ANALYSIS AND PROGRESS REPORTS ON PREVIOUS
21 RECOMMENDATIONS, AS IDENTIFIED IN THE MOTION, ARE EQUALLY
22 ESSENTIAL AND THUS EQUALLY WARRANT WHATEVER ADDITIONAL TIME IS
23 NECESSARY TO ENSURE THAT WE DO SO CORRECTLY. THIRD, THE CALL
24 FOR A DETAILED ANALYSIS AND COMPREHENSIVE ACTION PLAN FOR THE
25 TRANSITION FROM NAVIGANT'S DAILY MANAGEMENT IS BOTH PRUDENT



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1 AND NECESSARY. I AM ENCOURAGED-- THESE AGAIN ARE THE
2 ASSEMBLYMAN'S WORDS, I AM ENCOURAGED BY THE DEPTH OF THOUGHT
3 THAT THIS STIPULATION DEMONSTRATES. WHILE I AM ENCOURAGED BY
4 THE AFOREMENTIONED STIPULATIONS, I REMAIN GRAVELY CONCERNED
5 ABOUT A NUMBER OF ISSUES. OF PARTICULAR CONCERN IS THE
6 SEEMINGLY SPARSE ATTENTION GIVEN TO MATTERS OF FISCAL
7 MANAGEMENT. EXCEPT FOR THE RECOMMENDATION TO PREPARE A FUNDING
8 PLAN FOR CAPITAL IMPROVEMENTS, I FIND NO ADDITIONAL DIRECTION
9 REGARDING BUDGETARY PRIORITIES AND/OR FISCAL MANAGEMENT
10 REFORMS TO FOSTER KING DREW'S ACHIEVEMENT OF THE GOALS LISTED
11 ABOVE. AS POLICYMAKERS, BUDGETS AND THE IMPORTANCE ASSIGNED TO
12 THEM SPEAK VOLUMES ABOUT OUR PRIORITIES AND RECOGNITION OF OUR
13 RESPONSIBILITY TO TAXPAYERS. THEREFORE, IT IS MY HOPE THAT
14 ADDITIONAL ATTENTION AND, AGAIN, ADDITIONAL TIME WILL BE GIVEN
15 TO THIS CRITICALLY IMPORTANT ELEMENT BETWEEN NOW AND THE
16 SEPTEMBER 27TH TARGET DATE AND FURTHER, IF NECESSARY. IN
17 CLOSING, I SUBMIT TO YOU, AS FELLOW ELECTED OFFICIALS, THAT
18 THE RESIDENTS OF THE COMMUNITY SERVED BY KING DREW MEDICAL
19 CENTER, YOURS AND MY CONSTITUENTS, DESERVE NOTHING LESS THAN
20 QUALITY MEDICAL CARE, ACUTE CARE AND MENTAL HEALTH SERVICES
21 PERFORMED BY A COMPETENT AND CARING STAFF OF MEDICAL
22 PROFESSIONALS WITH THE HIGHEST REGARD FOR RESPONSIBLE
23 STEWARDSHIP OF TAXPAYER RESOURCES AND WE SHOULD TAKE WHATEVER
24 TIME IS NECESSARY TO ENSURE THAT THEY GET THAT. THIS IS THE
25 RESULT THAT THE ASSEMBLY SELECT COMMITTEE ON THE LOS ANGELES



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1 COUNTY HEALTHCARE CRISIS, WHICH I CHAIR, WORKING WITH THE
2 BOARD OF SUPERVISORS AND THE DEPARTMENT OF HEALTH SERVICES AND
3 COMMUNITY STAKEHOLDERS IS DETERMINED TO BRING TO FRUITION. THE
4 COUNTY DEPARTMENT HEALTH SERVICES' RECOMMENDATIONS HAVE
5 IMPLICATIONS FOR THESE SERVICES AND, AGAIN, WE SHOULD TAKE
6 WHATEVER TIME IS NECESSARY TO EXAMINE THESE RECOMMENDATIONS AS
7 THOROUGHLY AS POSSIBLE. I EXPECT THAT WE WILL ALL WORK
8 TOGETHER TO DELIVER THE BEST POSSIBLE RESULT FOR THE CITIZENS
9 SERVED BY KING DREW MEDICAL CENTER.

10

11 **SUP. ANTONOVICH:** MR. HOLDEN AND THEN DR. LAWSEN.

12

13 **NATE HOLDEN:** MR. CHAIRMAN, HAPPY BIRTHDAY.

14

15 **SUP. ANTONOVICH:** THANK YOU.

16

17 **NATE HOLDEN:** MEMBERS OF THE BOARD, WHEN I WAS LAST HERE
18 SPEAKING ON BEHALF OF TRYING TO SAVE THE TRAUMA CENTER AT KING
19 DREW, I TALKED ABOUT THE FACT THAT WHAT I SAW WAS GOING TO
20 HAPPEN, THAT THEY WOULD CANNIBALIZE KING PIECE BY PIECE,
21 DEPARTMENT BY DEPARTMENT AND THAT WAS THE BEGINNING TO GET RID
22 OF THE TRAUMA CENTER THAT'S DONE SO MUCH GOOD TO TRAIN DOCTORS
23 THROUGHOUT THE UNITED STATES, ESPECIALLY MILITARY, GREAT
24 REPUTATION. I ALSO TALKED ABOUT THE FACT THAT WE HAD DR.
25 BLACK, WHO WAS TRAINED THERE, DR. BAUERS, WHO WAS TRAINED



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1 THERE. WHO HAPPENED TO THEM? HE'S A TOP NEUROSURGEON, MR.
2 YAROSLAVSKY, DR. BLACK IS TOP NEUROSURGEON AT CEDARS-SINAI
3 SAVING MANY OF YOUR-- THE LIVES OF MANY OF YOUR CONSTITUENTS
4 DOING MIRACULOUS OPERATIONS AND KNOWN FOR HIS SUCCESS ALL
5 AROUND THE WORLD. DR. BAUERS, WHO CAME FROM THERE, WHO BECAME
6 THE MEDICAL DIRECTOR AT GOOD SAM AND SO MANY OTHER DOCTORS WHO
7 WERE TRAINED AT KING DREW, WHO HAVE DONE SO MUCH TO SAVE THE
8 LIVES OF THE PEOPLE, NOT ONLY HERE LOCALLY BUT ACROSS THE
9 NATION. DR. SATCHER WAS APPOINTED BY THE PRESIDENT TO HEAD UP
10 HEALTHCARE FOR THE NATION AND THE LIST GOES ON. YOU KNOW WHAT
11 CAUSED IT TO HAPPEN? THREE VOTES, THREE VOTES, THREE VOTES
12 WITH THE MAN SITTING IN THAT CHAIR THERE WHERE ZEV SITS, SAYS
13 I GOT THREE VOTES AND THAT'S WHAT-- COME KNOWN AS THREE VOTES
14 YOU QUIT AND THREE VOTES OPENED UP THE MARTIN LUTHER KING
15 HOSPITAL AND I WOULD JUST HOPE AND PRAY THAT THREE VOTES
16 WOULDN'T CLOSE IT. DR. GARTHWAITE IS THE ONLY ONE AMONGST US
17 WHO HAS TAKEN HIS HIPPOCRATIC OATH. HE'S A INTERNIST, BOARD
18 CERTIFIED. AND EACH OF THESE PEOPLE WHO NEED HEALTHCARE IN
19 THESE RESPECTIVE COMMUNITIES ARE DEPENDING ON YOU AS IF YOU
20 WERE STANDING OVER THERE STANDING ADMINISTERING THE MEDICINE
21 TO THEM. IT'S INCUMBENT UPON YOU NOT TO BE FORCED OR URGED TO
22 DO WHAT'S POLITICAL BUT TO DO WHAT'S RIGHT. WHEN YOU NEED A
23 DOCTOR, WHEN YOU NEED HEALTHCARE AND GOD KNOWS THESE PEOPLE
24 NEED IT MORE THAN OTHERS, THEY JUST DON'T HAVE IT, THEY'RE THE
25 POOREST OF THE POOREST. AND WHAT KINNEY WOULD ALWAYS SAY, TAKE



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1 CARE OF THE POOR. THE RICH CAN HELP THEMSELVES. WELL, WE
2 SHOULD PUT OUR HEARTS OUT. DO NOT HARDEN OUR HEARTS TODAY.
3 KING DREW HAS BEEN UNDER THE HAMMER EVER SINCE THEY OPENED UP.
4 HE ASKED THAT THREE VOTES OPENED IT AND THREE VOTES CAN CLOSE
5 IT. BUT DURING THE INTERIM, WHAT HAPPENED? I TOLD YOU, WHEN I
6 WAS HERE LAST, THE OPHTHALMOLOGY SECTION COULD NEVER BE FUNDED
7 IN ORDER TO BE CERTIFIED. THEY DIDN'T PROVIDE THE EQUIPMENT.
8 AND I WENT BACK AND I DUG UP SOME LETTERS THAT I WROTE THAT
9 HINCKLEY RESPONDED TO SAYING, WE'RE GOING TO THE EQUIPMENT IN
10 1985, TEN YEARS AFTER THE HOSPITAL OPENED UP. ONE OF THE FIRST
11 PROBLEMS THEY HIT KING WITH IS THAT YOU'RE NOT COLLECTING YOUR
12 MEDICARE MONEY FROM THE STATE OF CALIFORNIA FOR THE SERVICES
13 THAT YOU'RE PROVIDING BUT KING WAS ONLY A HOSPITAL PROVIDING
14 CARE TO THE INDIGENT, THE ONES WHO JUST NEWLY ARRIVED HERE IN
15 THE STATE OF CALIFORNIA. THEY'RE THE ONLY ONE WHO'S SERVING
16 THE POOR AND THEY DIDN'T HAVE THE-- WELL, THERE ARE OTHERS
17 DOING IT BUT NOT TO THE EXTENT THAT KING WAS. OKAY? NOW, YOU
18 CAN-- MR. GARTHWAITE, YOU JUST GOT HERE A FEW YEARS AGO AND
19 YOU PROBABLY DON'T KNOW TOO MUCH ABOUT THAT BUT I CAN TELL YOU
20 THAT KING WAS NOT RECOVERING, AND THAT'S THE FIRST THING YOU
21 COMPLAINED ABOUT. THE NEXT THING YOU COMPLAINED ABOUT WAS THE
22 LETTER THAT I RECEIVED FROM DR. LUDLOW CURRY DATED MAY 20TH,
23 1982, THAT I DIRECTED TO HIM. IN THE LETTER HE SAYS: "I'M
24 RESPONDING TO YOUR LETTER OF MAY 6TH TO SUPERVISOR HAHN
25 REGARDING THE CUTBACKS IN FAMILY MEDICINE." CUTBACKS IN FAMILY



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1 MEDICINE. "I'VE TALKED TO BOB WHITE, WHO IS THE MEDICAL
2 DIRECTOR, ABOUT YOUR CONCERNS. HE AND I WILL BE MEETING
3 SOMETIME NEXT WEEK TO SEE WHAT CAN BE DONE TO RESPOND TO YOUR
4 REQUEST." AND DR. WHITE AND I DID IN FACT MEET AND THEN I
5 WANTED TO TELL HIM THAT THIS ARTICLE ALSO WAS PUBLISHED IN THE
6 "L.A. TIMES" EVEN THEN BUT, AS IT TURNS OUT, THAT THEY DECIDED
7 NOT TO CLOSE THAT DEPARTMENT AT THAT PARTICULAR TIME. AND
8 THERE WAS ANOTHER LETTER DATED MAY-- JUNE 3RD, 1982, A MEMO TO
9 KENNY HAHN, ON MAY 6TH, LUDLOW, HE WAS THE PROFESSOR AND
10 CHAIRMAN OF THE DEPARTMENT OF FAMILY MEDICINE, CHARLES DREW
11 POST-GRADUATE MEDICAL SCHOOL, DIRECTING CORRESPONDENCE TO YOU
12 AND COMPLAINED THAT THE DEPARTMENT OF FAMILY MEDICINE WAS
13 BEING ELIMINATED IN THE PROPOSED BUDGET. THIS IS BACK IN 1982.
14 NOTHING HAS REALLY CHANGED. SO KING HAS BEEN UNDER THE GUN FOR
15 MANY, MANY YEARS.

16

17 **SUP. MOLINA, CHAIR:** DO YOU WANT TO SUMMARIZE?

18

19 **NATE HOLDEN:** I'M GOING TO SUMMARIZE IT. I'M GOING TO JUST
20 SUMMARIZE THIS RIGHT NOW. AND I'LL GIVE YOU ONE THAT WILL
21 REALLY SHOCK YOU, WHEN I TALKED ABOUT THE OPHTHALMOLOGY
22 SECTION. IN 1985, I RECEIVED A LETTER FROM JAMES HANKLER. YOU
23 ALL KNOW JAMES HANKLER IF YOU'VE BEEN AROUND HERE FOR AWHILE.
24 MR. GARTHWAITE, YOU MAY NOT KNOW HIM. BUT THE FACT OF THE
25 MATTER, IN THE LETTER, MR. HANKLER EXPEDITIOUSLY PROCESSED--



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1 HE SAID HE WAS EXPEDITIOUSLY PROCESSING THE ITEMS FOR MARTIN
2 LUTHER KING KING DREW MEDICAL CENTER OPHTHALMOLOGY DEPARTMENT.
3 1985, THEY HAD NEVER EVEN FINISHED PROVIDING THE EQUIPMENT FOR
4 OPHTHALMOLOGY AT KING IN 1985, 10 YEARS AFTER THE HOSPITAL
5 OPENED UP IN ORDER FOR IT TO BE CERTIFIED AND TO TRAIN PEOPLE
6 THERE. AND I JUST WANTED TO SAY THAT, IN CLOSING, KING HAS
7 GOTTEN A BAD RAP, OBVIOUSLY. IF I WANTED TO DESTROY KING OR
8 ANY HOSPITAL, I'D GO OFF SPECIFIC INDIVIDUALS. I WOULD MAKE
9 THEM LOOK AS BAD AS I POSSIBLY COULD, THEN I'D TAKE AWAY THE
10 SUPPORT THAT THEY WOULD HAVE AND JUSTIFY THE CLOSING OF IT AND
11 I CAN TELL YOU, THAT'S PRETTY MUCH WHAT'S HAPPENING. AS MR.
12 GARTHWAITE HAS GIVEN A RESPONSE TO-- AN EXCLUSIVE TO THE LOS
13 ANGELES SENTINEL, HE SAID THE DATA SHOWS THAT, LAST YEAR IN
14 LOS ANGELES COUNTY, ABOUT 675 PEOPLE DIED OF PREVENTABLE
15 DEATHS IN HOSPITALS. EVEN IF THE THINGS IN THE PAPER BY KING
16 WERE PREVENTABLE, WHICH I WOULD ARGUE WERE NOT BUT-- WERE NOT,
17 THEN THERE WOULD STILL BE 670 THAT HAVE NOT BEEN REPORTED, SO
18 ONLY FIVE SO-CALLED PREVENTABLE AT KING AND 670, DR.
19 GARTHWAITE. AND I JUST WANT TO SAY IN CLOSING, I WILL, THAT
20 THEY'VE CITED CERTAIN CASES THAT ARE HAPPENING AT KING AND IN
21 THE I.C.U., IF YOU HAVE THIS BLUE CODE, YOU KNOW THE BLUE
22 CODE, IF YOU HAVE A BLUE CODE INCIDENT, THEY ALL COME RUSHING.
23 THE FACT OF THE MATTER IS THAT IF YOU HAVE A NURSE'S SHORTAGE,
24 WHICH YOU HAVE AT KING, YOU'VE DISMISSED ALL OF THE
25 EXPERIENCED NURSES THAT WERE THERE, THEY'RE NOW AT GOOD



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1 SAMARITAN HOSPITAL BECAUSE THEY MOVED OVER THERE AND YOU'VE
2 HIRED CONTRACT NURSES WHO WORK WEEKENDS-- WELL, YOU DO HAVE
3 CONTRACT NURSES. OKAY? YOU HAVE CONTRACT NURSES AND THEY DON'T
4 HAVE THE SAME KIND OF CONCERN. IN FACT, WHEN I HAD MY MOTHER
5 AT A PRIVATE HOSPITAL, I BROUGHT NURSES IN FROM KING TO WORK
6 THE WEEKENDS BECAUSE I KNEW SHE WOULD GET CARE ON THE WEEKEND
7 BECAUSE YOU HAVE WEEKEND NURSES. IT'S THE SAME IN ALL
8 HOSPITALS. YOU KNOW IT AS WELL AS I DO. AND, IN CLOSING, I
9 JUST WANT TO SAY THAT WE SHOULD ADOPT YOUR PROPOSAL, WE SHOULD
10 NOT CLOSE KING DREW HOSPITAL AT ALL. WHAT THEY REALLY WANT TO
11 DO IS GET RID OF THE SCHOOL. IF YOU TAKE AWAY THE HOSPITAL,
12 THE SCHOOL WILL FOLLOW AND THAT'S THE INTENTION.

13

14 **SUP. MOLINA, CHAIR:** ALL RIGHT. THANK YOU SO MUCH, MR. HOLDEN.
15 [APPLAUSE]

16

17 **SUP. MOLINA, CHAIR:** BEFORE I CALL ON REVEREND LAWSEN, COULD I
18 ASK SYLVIA DREW IVIE TO JOIN US, DEACON M. ALEXANDER, SR. AND
19 PAUL SHRADE. IF THEY'D JOIN US, PLEASE. WE HAVE MANY PEOPLE
20 WHO HAVE ASKED TO SPEAK, WE HAVE OVER 50 SO WE'RE GOING TO
21 LIMIT THE TESTIMONY TO THREE MINUTES. SO, REVEREND, IF YOU
22 WOULD ACCOMMODATE US, IT WOULD BE WONDERFUL.

23

24 **REVEREND JAMES LAWSEN:** DO I WAIT UNTIL THEY GET HERE?

25



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1 **SUP. MOLINA, CHAIR:** NO. GO AHEAD.

2

3 **REVEREND JAMES LAWSEN:** MY NAME IS J. M. LAWSEN, JR. I'M A
4 UNITED METHODIST ORDAINED CLERGY, 55 YEARS IN EXCELLENT
5 STANDING IN THE CHURCH AND I'M ALSO PRESIDENT OF THE SOUTHERN
6 CHRISTIAN LEADERSHIP CONFERENCE IN LOS ANGELES, THE
7 ORGANIZATION THAT DR. KING FOUNDED IN 1957 IN ORDER TO HEAL
8 THE SOUL OF AMERICA. AND I THINK, IN LISTENING TO THESE
9 PROCEDURES THIS MORNING, THE SOUL OF MY COUNTY, LOS ANGELES,
10 STILL NEEDS HEALING. I WANT TO BEGIN BY QUOTING FROM MY
11 RELIGIOUS TRADITION, A MAN BY THE NAME OF JESUS OF SYRAC WHO
12 LIVED 2,200 YEARS AGO IN ONE OF THE WONDERFUL BOOKS OF THE
13 SCRIPTURE, WRITES THAT GOD'S WORKS WILL NEVER BE FINISHED,
14 FROM GOD, HEALTH SPREADS OVER ALL THE EARTH. THAT'S ONE OF THE
15 BIBLICAL NOTIONS THAT HEALTH IS THE GIFT OF GOD AND IS A HUMAN
16 RIGHT, ALONG WITH THE RIGHT TO LIFE ITSELF AND I WANT TO ALSO
17 ADD TO THAT, THEN, THE WORDS OF JESUS OF NAZARETH WHO INSISTED
18 IN HIS HEALING MINISTRY THAT HEALTHCARE FOR ALL WAS ONE OF THE
19 SIGNS OF HUMAN CIVILIZATION, OF CIVILIZATION IN OBEDIENCE TO
20 GOD. THAT, IT SEEMS TO ME, IS VERY IMPORTANT AND IT SEEMS TO
21 ME ALSO THAT IT HAS TO BE SAID THAT THE GREATEST CRIME AGAINST
22 CHILDREN IN THE COUNTY OF LOS ANGELES IS THE FAILURE TO
23 PROVIDE ACCESS AND QUALITY HEALTHCARE ALL ACROSS THE COUNTY
24 BUT ESPECIALLY IN SPA 6, THE POOREST COUNTY IN OUR-- THE
25 POOREST-- POOREST SECTION, RATHER, IN OUR CITY. MARTIN KING



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1 HIMSELF HAS SAID THIS: IN ALL THE FORMS OF INEQUALITY,
2 INJUSTICE IN HEALTHCARE IS THE MOST SHOCKING AND MOST
3 INHUMANE. I WANT TO BRING THAT INTO THE FORE BECAUSE IT SEEMS
4 TO ME THE ISSUE HERE IS NOT MONEY NOR STRUCTURES NOR REFORM;
5 THE ISSUE HERE IS THE SPIRIT OF THE BOARD OF SUPERVISORS THAT
6 EVERY MAN, WOMAN, CHILD, BOY, GIRL IN THIS COUNTY HAVE ACCESS
7 TO QUALITY COMPREHENSIVE HEALTHCARE AND THE KING DREW HOSPITAL
8 REPRESENTS THAT POSSIBILITY IN A LARGE SWATH OF OUR COUNTY. TO
9 CLOSE IT, WHICH SOME FORCES IN LOS ANGELES HAS WANTED TO DO
10 FROM DAY ONE, TO CLOSE IT IS A SHAMEFULLY-- IS A SHAME BEFORE
11 GOD AND A CRIME AGAINST THE HUMANITY OF THIS COUNTY. THIS MUST
12 BE SAID. [APPLAUSE]

13

14 **REVEREND JAMES LAWSEN:** WE WANT, THAT'S WHY WE'RE HERE, WE WANT
15 EXCELLENT COMPREHENSIVE HEALTHCARE AT KING DREW. THIS IS
16 VIABLE AND CAN BE ACCOMPLISHED IF YOU HAVE THE WILL TO DO IT,
17 WHICH THIS COUNTY HAS NOT HAD THAT WILL IN THE 30 SOME YEARS
18 THAT I HAVE LIVED IN THIS CITY. YOU HAVE CUT, CUT, CUT. 15
19 YEARS AGO, I SAID, HERE IN THIS PLACE THAT YOU'RE GOING TO
20 DESTROY KING DREW IF YOU CONTINUE THE PROCESS OF STINGILY
21 TREATING HEALTHCARE IN OUR COUNTY. THAT'S PRECISELY WHAT THIS
22 HEARING MEANS. I'D LIKE TO SUGGEST TO THE BOARD OF SUPERVISORS
23 THAT YOU GO AFTER SOME OF THAT MONEY THAT DID NOT FIND WEAPONS
24 OF MASS DESTRUCTION IN IRAQ... [APPLAUSE]

25



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1 **REVEREND JAMES LAWSEN:** ...AND DEMAND THAT CONGRESS, DEMAND
2 THAT THE PRESIDENT USE SOME OF THAT MONEY TO SEE TO IT THAT
3 YOU MAKE KING DREW WHAT IT OUGHT TO BE AND WHAT IT CAN BE IF
4 YOU HAVE THE WILL TO DO IT!!! (APPLAUSE AND WHISTLES)

5

6 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH, REVEREND. DEACON?

7

8 **DEACON JOSEA M. ALEXANDER, JR.:** I'M DEACON JOSEA ALEXANDER. I
9 HAD THE GOOD PLEASURE AND HONOR TO WORK WITH DR. ALMA ANDERSON
10 AS THE MEDICAL DIRECTOR OF KING HOSPITAL WHEN IT FIRST OPENED.
11 I ALSO HAD THE HONOR AND PLEASURE OF BEING THE FIRST MANAGER
12 OF THE URBAN HEALTH SYSTEMS TASK. I WORKED WITH A NATIONAL
13 AERONAUTIC ADMINISTRATION WITH THE CALIFORNIA INSTITUTE OF
14 TECHNOLOGY. WE WERE TOLD THAT IT WAS IMPOSSIBLE AT THE TIME
15 FOR US TO ESTIMATE THE DEMAND FOR HEALTH SERVICES FOR KING
16 HOSPITAL BECAUSE NOBODY EVER DONE THAT BEFORE AND WE PROCEEDED
17 TO DO THAT. WE USED THE DATA FROM ALL OF THE CONTRIBUTING
18 HOSPITALS, FROM HARBOR, FROM U.S.C., FROM ST. FRANCIS, ALL OF
19 THE NEIGHBORING FACILITIES AND WE WERE ABLE TO DO THAT AND,
20 BECAUSE WE DID THAT, WE RECEIVED N.A.S.A.'S HIGHEST HONOR FOR
21 A CONTRIBUTION, THAT WAS AN ANALYTICAL THING BECAUSE I'M A
22 DEACON AND THAT'S WHAT I DO, I FIND WAYS TO HELP PEOPLE TO GET
23 THE THINGS THAT THEY NEED. AND SO I'M A CURIOUS PERSON AND I'M
24 A ANALYTICAL PERSON. I LOOKED AT THE DATA RECENTLY, AS
25 RECENTLY AS JANUARY THROUGH MARCH 2004, AND WHAT I DISCOVERED,



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1 BY LOOKING AT THE HEALTH AND HUMAN SERVICES DATABASE, WAS THAT
2 KING HOSPITAL WAS IN THE TOP 10% IN THE NATION IN SOME OF
3 THOSE CATEGORIES. I SAID, WHAT'S GOING ON HERE? I DISCOVERED
4 THAT THEY WERE AVERAGE OR NEAR AVERAGE IN ANOTHER FIVE. I
5 SAID, WHAT'S GOING ON HERE? AND YET WE READ IN "THE LOS
6 ANGELES TIMES" HOW POORLY KING IS PERFORMING. THEN I DID A
7 LITTLE MORE DIGGING AND I DISCOVERED THAT, IN 2003, KING
8 HOSPITAL WAS THE NUMBER 1 HOSPITAL IN THE NATION IN
9 PROFITABILITY. SO I ASKED MYSELF, HOW IS IT THAT KING HOSPITAL
10 CAN GO FROM NUMBER 1 IN PROFITABILITY IN 2003 TO WHERE WE ARE
11 NOW, SUPERVISOR YAROSLAVSKY, IF WE DON'T KNOW HOW TO MANAGE
12 MONEY? IT'S KIND OF HARD. AND I LOOKED AT SOME OTHER
13 STATISTICS. I WANTED TO FIND OUT WHAT HAD HAPPENED TO
14 MORTALITY RATE FOR CHILDREN, BABIES, BECAUSE I WAS THERE IN
15 1965 DURING THE WATTS RIOTS. AS A MATTER OF FACT, BEING
16 AFRICAN-AMERICAN, I TOOK WHITES IN WHO WERE AFRAID TO GO, I
17 PROTECTED THEM SO THEY COULD DO SURVEYS AND HERE'S WHAT WE
18 DISCOVERED: NOT MUCH HAS CHANGED WHEN YOU LOOK AT THAT INFANT
19 MORTALITY, MORBIDITY RATE AND THAT'S THE REASON WHY A PERSON
20 HAS TO COME, FOR EXAMPLE, FROM LANCASTER TO OLIVE VIEW
21 HOSPITAL, GO 40 MILES, THAT'S WHY A MOTHER HAS TO GO THAT FAR
22 BECAUSE THAT CARE IS NOT THERE IN LANCASTER, SUPERVISOR
23 ANTONOVICH. AND SO WHAT I'M SAYING HERE IS WE HAVE NOT HAD
24 ENOUGH OUTREACH. YOU'VE HEARD THAT BEFORE BUT I MAINTAIN THAT,
25 IF YOU GO TO MASSACHUSETTS, YOU GO TO KENTUCKY, YOU GO TO NEW



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1 YORK AND YOU FIND OUT THAT THOSE RATES HAVE DECREASED. NOW WHY
2 IS THAT?

3

4 **SUP. MOLINA, CHAIR:** WOULD YOU PLEASE SUMMARIZE.

5

6 **DEACON JOSEA M. ALEXANDER, JR.:** YES. A GOOGLE SEARCH WILL TELL
7 YOU THAT THEY HAD MORE OUTREACH, A GOOGLE SEARCH WILL TELL YOU
8 THAT THEY HAD PEOPLE WHO WERE LOOKING OUT FOR WHAT WAS GOING
9 ON IN THOSE AREAS. I MAINTAIN THAT WE CAN DO THE SAME THING
10 FOR KING HOSPITAL AND I SUPPORT, I SUPPORT YOUR PROPOSITION
11 THAT THE HOSPITAL SHOULD NOT BE CHANGED. I THINK THAT WE HAVE
12 THE GRAY MATTER, THE GRAY CELLS, IN THIS BASIN TO DEAL WITH
13 THAT PROBLEM.

14

15 **SUP. MOLINA, CHAIR:** VERY GOOD. THANK YOU SO MUCH. BEFORE I
16 CALL ON MS. DREW IVIE, COULD I HAVE PAUL SCHRADER, BART
17 WILLIAMS AND DR. CARLISLE LANDHORN PLEASE JOIN US. MISS IVIE.

18

19 **SYLVIA DREW IVIE:** GOOD MORNING, SUPERVISORS. I'M HERE AS A
20 MEMBER OF THE HOSPITAL ADVISORY BOARD. I SUPPORT THE MOTION BY
21 SUPERVISOR MOLINA AND SUPERVISOR BURKE TO ALLOW THE H.A.B. TO
22 HAVE AN OPPORTUNITY TO REVIEW THE DATA ON WHAT CAN BE DONE AT
23 THIS MOMENT TO SATISFY THE DEMANDS OF OUR-- SUCH AN IMPORTANT
24 FUNDING PARTNER AS THE CENTERS FOR MEDICARE AND MEDICAID. THE
25 DATA THAT HAS BEEN PRESENTED TO YOU THIS MORNING SUGGESTS THAT



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1 THE PRIVATE HOSPITALS IN SPA 6 HAVE ROOM AND RESOURCES TO TAKE
2 MOTHERS AND CHILDREN CURRENTLY BEING SEEN AT KING BUT WHAT
3 THAT DATA DOES NOT SUGGEST, IS THERE A DESIRE TO SEE THOSE
4 MOTHERS AND CHILDREN? PARTICULARLY IS THERE A DESIRE TO
5 RECEIVE FRAGILE INFANTS, WHO ARE SO EXPENSIVE TO CARE FOR? IS
6 THERE A DESIRE TO TAKE HIGH-RISK PRENATAL PATIENTS? AND I
7 BELIEVE THAT WE NEED TO FIND OUT IF THERE IS A DESIRE TO
8 RECEIVE THOSE PATIENTS, A WILLINGNESS THAT THEY WILL RECEIVE
9 THEM AND CARE FOR THEM BEFORE WE COULD VOTE FOR SUCH A
10 PROPOSAL AS HAS BEEN MADE. I WONDER WHY WE DID NOT RECEIVE A
11 PROPOSAL, WHY YOU WERE NOT GIVEN A PROPOSAL TO REDUCE THE
12 NUMBER OF BEDS RATHER THAN CLOSING THE DEPARTMENTS. MANY
13 HOSPITALS HAVE BEEN FACED WITH A NEED TO DEAL WITH
14 RESTRICTIONS IN SERVICES BUT THEY MAINTAIN THE STRUCTURE OF
15 THEIR DELIVERY SYSTEMS BY SAYING, INSTEAD OF HAVING 20 BEDS,
16 WE'LL HAVE 10. YOU REDUCE THE NUMBER OF NURSES THAT YOU NEED
17 IF YOU REDUCE FROM 20 TO 10 BUT YOU MAINTAIN THAT DEPARTMENT
18 OPEN AND, WHEN THINGS GET BETTER, AS THINGS WILL GET BETTER AT
19 KING WITH OUR NEW WOMEN'S HEALTH CENTER, THEN WE CAN REOPEN
20 THOSE BEDS THAT HAVE BEEN CLOSED. SO I HOPE THAT THE H.A.B.
21 WILL BE LOOKING AT THAT OPTION. THE LAST THING I WANT TO SAY
22 THAT THE CENTERS FOR MEDICARE AND MEDICAID HAVE NOT PROPOSED
23 THIS PARTICULAR SOLUTION FOR DEALING WITH THEIR CONCERNS ABOUT
24 KING HOSPITAL. THERE ARE OTHER SOLUTIONS AND I HOPE WE'LL BE
25 LOOKING AT THOSE AS THE H.A.B. LET'S BUILD CAPACITY AT THE



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1 KING HOSPITAL AND THE DREW MEDICAL CENTER AS WE ARE FIXING THE
2 PROBLEMS. LET'S NOT DIMINISH THE LIVING FABRIC OF THE SOUTH
3 LOS ANGELES COMMUNITY BY CUTTING CARE TO VULNERABLE PATIENTS,
4 CUTTING MONEY NEEDED TO REBUILD, DISEMPowering THE COMMUNITY,
5 AND, IN THE END, NOT SATISFYING C.M.S.

6

7 **SUP. MOLINA, CHAIR:** THANK YOU, MISS IVIE. MR. SCHRADER.

8

9 **PAUL SCHRADER:** THANK YOU. MY NAME IS PAUL SCHRADER, A RESIDENT
10 OF LOS ANGELES SINCE 1947 AND ACTIVE IN MY UNION, THE UNITED
11 AUTO WORKERS UNION, WHERE I MET A FANTASTIC UNION AND
12 COMMUNITY ORGANIZER, TED WATKINS. AND, IN MY HOME IN 1965, IT
13 WAS TED'S DECISION, AS THE PRESIDENT OF THE WATTS LABOR
14 COMMUNITY ACTION COMMITTEE, WHICH IS AN ORGANIZATION BY UNION
15 INITIATED IN WATTS BEFORE THE INSURRECTION IN '65. HIS DREAM
16 WAS A HOSPITAL ON THE HOUSING PROJECT WHERE HIS FAMILY LIVED
17 AND WHERE HE WAS A NEIGHBORHOOD COMMUNITY ORGANIZER, TOM LANE.
18 WE HAD AN ALLY IN KENNY HAHN, WHO TOOK THE INITIATIVE WHEN TED
19 SAID TO ME-- WE HAD THE DEPUTY OF THE HOUSING-- WAS HOUSING
20 HOME FINANCING AGENCY WHICH BECAME H.U.D., JACK CONWAY, WHO IS
21 DEPUTY FOR THE HEAD OF H.U.D., SAID, "WE SHOULD BUILD HOUSING
22 IN WATTS, HOUSING IS NEEDED." TED SAID, "NO WAY. WHAT IS
23 NEEDED IS A HOSPITAL. HOSPITAL AS A HUMAN RIGHT WHICH HAS BEEN
24 DENIED SO MANY YEARS IN WATTS AND THAT'S WHAT WE NEED," AND
25 THAT BECAME OUR GOAL AND OUR STRATEGY. AND SO TED WATKINS



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1 REALLY IS THE PERSON MOST RESPONSIBLE FOR THAT. HIS SON, TIM
2 WATKINS, NOW HEADS THE WATTS LABOR COMMUNITY ACTION COMMITTEE,
3 WHERE I SERVE ON THE BOARD AND WE'RE VERY CONCERNED BECAUSE,
4 40 YEARS AGO, WE HAD HOPES FOR HEALTHCARE, FOR JOBS, FOR
5 DECENT SCHOOLS. NONE OF THOSE HAVE OCCURRED IN WATTS IN THOSE
6 40 YEARS. WE'RE IN WORSE SHAPE IN WATTS THAN WE EVER WERE AND
7 I THINK THAT THAT IS A TOTAL RESPONSIBILITY OF THE COMMUNITY,
8 OF ALL MEMBERS OF THE BOARD OF SUPERVISORS. HEALTHCARE IS A
9 HUMAN RIGHT AND THEREFORE EVERY SUPERVISOR OUGHT TO BE
10 STANDING UP ON THIS QUESTION. IT WILL TAKE THREE VOTES TO
11 CLOSE MARTIN LUTHER KING HOSPITAL, IT WILL TAKE THREE VOTES TO
12 SAVE IT, SO ONE OF THE PERSONS ON THIS BOARD CAN BE LIKE KENNY
13 HAHN AND BE IN FAVOR OF DECENT HEALTHCARE FOR EVERYONE. I WANT
14 TO IDENTIFY MY SUPPORT FOR THE ELECTED REPRESENTATIVES WHO ARE
15 HERE TODAY: MAXINE WATERS AND DIANE WATSON AND JANICE HAHN.
16 THEY SPOKE TRUTH AND THEY ARE ELECTED FROM THAT COMMUNITY, AND
17 THEY DESERVE THAT KIND OF RECOGNITION. I KNOW, GLORIA, YOU'VE
18 ADMONISHED THE GROUP HERE NOT TO APPLAUSE. I FIND THAT
19 ORDERLY, I FIND THAT AN ORDERLY PUBLIC EXPRESSION. WHAT I
20 FIND-- WHAT I FIND DISORDERLY IS THE ACTIONS OF GARTHWAITE. I
21 THINK HE'S THE ONE WHO IS DISORDERLY AND YOU OUGHT TO FACE UP
22 TO THAT PROBLEM AND FIRE HIM. THANK YOU.
23
24 **SUP. MOLINA, CHAIR:** THANK YOU, SIR. [ENTHUSIASTIC CHEERS AND
25 APPLAUSE]



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1

2 **SUP. MOLINA, CHAIR:** PLEASE. THAT WAS MR. SCHRADER'S OPINION.
3 OUR RULES ARE DIFFERENT, SO PLEASE FOLLOW THOSE RULES. NEXT WE
4 HAVE MR. WILLIAMS. MR. WILLIAMS?

5

6 **BART WILLIAMS:** THANK YOU, SUPERVISOR. MY NAME IS BART
7 WILLIAMS, I'M THE CHAIR OF THE BOARD OF TRUSTEES OF THE
8 CHARLES R. DREW UNIVERSITY OF MEDICINE AND SCIENCE. I'VE BEEN
9 THE CHAIR OF THAT BOARD SINCE JANUARY OF THIS YEAR. I SPEAK
10 TODAY IN FAVOR OF THE MOTION THAT IS PROPOSED BY SUPERVISORS
11 BURKE AND MOLINA. AS EVERYONE HAS COMMENTED, LAST WEEK MARKED
12 THE 40TH ANNIVERSARY OF THE WATTS RIOT AND A CRITICAL
13 COMPONENT, A CRITICAL UNDERLYING FACTOR THAT CAUSED THAT RIOT
14 TO HAPPEN WAS THAT THERE WAS NO HEALTHCARE IN SOUTH CENTRAL
15 LOS ANGELES, THERE WAS NO HOSPITAL. WE BELIEVE AND WE
16 UNDERSTAND THAT PROGRESS COMES WITH SMALL STEPS BUT THE SMALL
17 STEPS HAVE TO BE FORWARD AND NOT BACKWARD IF YOU'RE GOING TO
18 HAVE PROGRESS. WE BELIEVE THAT MOVING BACKWARD BY STOPPING AND
19 CLOSING THE INPATIENT PEDIATRICS AND THE OBSTETRICS
20 DEPARTMENTS OR SERVICES AT THIS HOSPITAL IS MISGUIDED. WE
21 DISAGREE WITH IT. MORE IMPORTANTLY, WE DISAGREE WITH IT
22 BECAUSE WE DON'T SEE THE LINKAGE BETWEEN THE CLOSURE OF THOSE
23 DEPARTMENTS AND THE PREDICATE FOR THEM THAT WAS PROVIDED TO
24 THIS BODY, WHICH IS THAT THERE ARE ALL THESE TESTS AND
25 ACCREDITATIONS THAT COMING UP AT THE END OF THE YEAR. THAT IS



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1 TRUE BUT THERE'S NO PERSUASIVE ARGUMENT, AT LEAST IN MY
2 JUDGMENT, THAT LINKS SOMEHOW THE CLOSURE OF INPATIENT
3 PEDIATRICS AND OBSTETRICS WITH PASSAGE OF ANY OF THOSE
4 EXAMINATIONS THAT HAVE TO OCCUR. I SIT AS AN EX-OFFICIO MEMBER
5 OF THE HOSPITAL ADVISORY BOARD, AND I ASKED MR. WELLS THE
6 OTHER DAY, FROM NAVIGANT CONSULTING, THE INTERIM C.E.O., TO
7 GIVE ME SOME DATA ABOUT THE CURRENT VOLUME IN THE NEONATAL
8 INTENSIVE CARE UNIT AT DREW, AND HE TOLD ME THAT, DURING THE
9 WEEK OF AUGUST 1, THAT THERE WAS A VARIANCE BETWEEN 16 KIDS
10 AND 21 KIDS, INFANTS, IN THAT UNIT. IT SEEMS TO ME THAT THAT
11 IS VOLUME. IT SEEMS TO ME THAT, EVEN THOUGH PRIOR TO THAT
12 TIME, THE VOLUME WAS MUCH LOWER THAN THAT, THAT THERE IS NEED,
13 THAT THERE ARE CHILDREN, HIGH-RISK CHILDREN THAT OCCUPY THE
14 UNIT AND IT SHOULD NOT BE CLOSED. ONE OF DREW UNIVERSITY'S
15 PRIMARY MISSIONS IS TO TRAIN PHYSICIANS AND OTHER HEALTHCARE
16 PROFESSIONALS WHO SERVE IN THE UNDERSERVED COMMUNITY. A NUMBER
17 OF THOSE PHYSICIANS ARE HERE TODAY. I'M SURE YOU'LL HEAR FROM
18 SOME OF THEM. AND I JUST WANT ALL OF THEM TO KNOW THAT DREW
19 UNIVERSITY SUPPORTS THEM, THAT DREW UNIVERSITY BELIEVES THAT
20 THEY ARE FINE PHYSICIANS, THAT DREW UNIVERSITY UNDERSTANDS
21 THAT THEY WILL GO ON TO SERVE IN UNDERSERVED COMMUNITIES, NOT
22 JUST IN SOUTH CENTRAL LOS ANGELES BUT IN OTHER PARTS OF LOS
23 ANGELES AND AROUND THE COUNTRY AND THE WORLD WHERE THERE ARE
24 UNDERSERVED COMMUNITIES AND THEY DO THAT BECAUSE THAT IS THE
25 MISSION. THEY DO THAT BECAUSE THEY HAVE COME TO DREW TO TRAIN



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1 TO PREPARE TO GO TO THOSE AREAS TO SERVE. THERE ARE SOME
2 PHYSICIANS, THERE ARE SOME OTHER HEALTHCARE PROFESSIONALS WHO
3 MAKE MISTAKES BUT THE POINT HAS BEEN MADE EARLIER TODAY THAT,
4 IF YOU LOOK AT THE STATISTICS, IF YOU LOOK AT THE DATA, IF YOU
5 LOOK AT HOW MANY PEOPLE OR HOW MANY MISTAKES OCCUR IN
6 HOSPITALS AROUND THE COUNTRY, THIS HOSPITAL IS NOT OUT OF SYNC
7 WITH THOSE STATISTICS AND, EVEN IF IT WERE, EVEN IF IT WERE,
8 THE SOLUTION IS TO IMPROVE THE TRAINING, THE SOLUTION IS TO
9 IMPROVE THE HOSPITAL AND TO GIVE IT THE INFRASTRUCTURE SO THAT
10 IT CAN SUCCEED, NOT TO CUT IT BACK. THANK YOU FOR YOUR TIME.

11

12 **SUP. MOLINA, CHAIR:** THANK YOU, MR. WILLIAMS. I AM GOING TO,
13 AGAIN, I'M GOING TO ASK IF EVERYONE COULD STAY WITHIN ONE
14 MINUTE OF TESTIMONY. WE HAVE OVER 85 PEOPLE WHO STILL WISH TO
15 ADDRESS US. WE WANT TO BE INCLUSIVE OF EVERYONE. WE WILL TRY
16 AND BE AS ACCOMMODATING AS WE CAN BUT THAT WOULD TAKE US FOR
17 ANOTHER HOUR AND A HALF TO GET THIS MUCH DONE AT A MINUTE
18 APIECE, AND IF WE WENT FOR ALL OF IT, IT WOULD TAKE US 4-1/2
19 HOURS. SO IF YOU COULD HONOR US AS MUCH AS POSSIBLE, WE'D
20 APPRECIATE IT BUT TRY AND GET ALL OF YOUR TESTIMONY IN WITHIN
21 THE TIME FRAME. JOINING-- BEFORE I CALL ON DR. CARLISLE, COULD
22 I HAVE DR. PATRICIA DEL ANGEL JOIN US, DR. THOMAS YOSHIKAWA
23 AND DR. ROBERT BRUM JOIN US. DR. LONGHORN.

24



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1 **DR. CARLISLE LONGHORN:** HI. I'M CARLISLE LONGHORN. I'M A FIRST
2 YEAR RESIDENT IN THE EMERGENCY MEDICINE AT KING DREW. AND I'LL
3 BE VERY BRIEF. I JUST HAVE ONE KIND OF COMMENT. IN MY TIME AT
4 KING DREW, I'VE SEEN WOMEN, PREGNANT WOMEN, CHILDREN, ADULTS
5 WITH TRAUMA, WHO HAVE REALLY BEEN SAVED AND BENEFITED BY THE
6 SERVICES PROVIDED AND I BELIEVE THAT THE PIECEMEAL CUTTING OF
7 SERVICES THAT HAS TAKEN PLACE THUS FAR AND THAT IS PROPOSED
8 UNDERMINES THE COMMUNITY, UNDERMINES THE MISSION OF THE
9 HOSPITAL AND WILL ULTIMATELY UNDERMINE MY TRAINING AS A
10 PHYSICIAN AT KING DREW. AND I JUST URGE YOU TO UNDERSTAND AND
11 APPRECIATE WHAT'S TAKING PLACE AND THE IMPLICATIONS OF THE
12 DECISIONS THAT YOU'RE MAKING. THANK YOU.

13

14 **SUP. MOLINA, CHAIR:** THANK YOU, SIR. DR. DEL ANGEL.

15

16 **DR. PATRICIA DEL ANGEL:** GOOD AFTERNOON TO EVERYBODY PRESENT
17 HERE. I'M A PEDIATRICIAN AND I WORK AT KING DREW MEDICAL
18 CENTER, DEPARTMENT OF PEDIATRICS AND I'VE BEEN WORKING THERE
19 FOR 15 YEARS NOW. I'M HERE TODAY BECAUSE I'M ACTUALLY WANT TO
20 ADVOCATE FOR MY PATIENTS, MANY OF WHOM ARE NOT ABLE TO BE HERE
21 TODAY AND WHO HAVE ALSO PROBLEMS WITH ENGLISH, SPEAKING IT.
22 MANY OF THEM ARE MONOLINGUAL SPANISH SPEAKERS BUT I WANT TO
23 LET YOU KNOW THAT MY PATIENTS ARE FRIGHTENED. MY PATIENTS TELL
24 ME THAT THEY'RE VERY SCARED AND THEY DO NOT WANT TO GO
25 ANYWHERE ELSE IN ORDER TO GET THE PEDIATRIC CARE FROM SOMEONE



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1 ELSE. MY PATIENTS WANT TO CONTINUE TO COME TO US, THEY HAVE
2 FAITH IN US, DESPITE ALL THE NEGATIVE PUBLICITY AND THE
3 RELENTLESS MEDIA ATTACK, THEY STILL WANT TO COME AND SEE US
4 AND, LIKE SOMEONE ELSE SAID, IT IS SURPRISING THAT THEY KEEP
5 ON COMING BACK TO SEE US. I WANT TO SEE MORE PEDIATRIC CARE, I
6 DON'T WANT TO SEE LESS, AND NOT JUST PEDIATRIC BUT OBSTETRICS,
7 FOR MANY OF THOSE WOMEN AND CHILDREN, MANY OF WHOM-- THESE
8 WOMEN WHO LIVE IN THIS COMMUNITY AT REPRODUCTIVE AGE. IN
9 CLOSING, I JUST WANT TO ENCOURAGE EVERYBODY TO BE VERY
10 THOUGHTFUL AND CAREFUL AND CONSCIENTIOUS ABOUT THE DECISION
11 THAT THEY ARE ABOUT TO MAKE. [APPLAUSE]

12

13 **SUP. MOLINA, CHAIR:** THANK YOU, DOCTOR. DR. YOSHIKAWA. PLEASE.

14

15 **DR. THOMAS YOSHIKAWA:** THANK YOU, MADAM CHAIR. I'M DR.
16 YOSHIKAWA, ACTING PRESIDENT OF DREW UNIVERSITY. MR. WILLIAMS
17 HAS STATED MANY OF OUR CONCERNS AND LET ME JUST STATE THE
18 FOLLOWING. ONE OF DREW'S PRIMARY MISSIONS IS TO PROVIDE
19 TRAINING AND EDUCATION IN HEALTHCARE IN THE CONTEXT OF
20 PROVIDING SERVICE WITH COMPASSION TO THE MEDICALLY
21 UNDERSERVED. SUCH EDUCATIONAL EXPERIENCES CREATE EMPLOYMENT
22 OPPORTUNITIES FOR THOSE LIVING IN THE UNDERSERVED COMMUNITIES.
23 THE CLOSURE OF PEDIATRIC AND OBSTETRIC SERVICES JEOPARDIZES
24 THE ACCREDITATION OF THE RESIDENCY PROGRAMS IN THESE
25 SPECIALTIES. OUR DATA INDICATE THAT OVER 50% OF OUR FACULTY AT



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1 KING DREW MEDICAL CENTER WERE FORMER TRAINEES AT DREW
2 UNIVERSITY. THAT MEANS THOSE WHO TRAIN HERE CHOOSE TO WORK
3 HERE AND SERVE THIS COMMUNITY. REMOVING PEDIATRIC AND
4 OBSTETRIC SERVICES CREATES THE POTENTIAL FOR REDUCING THE
5 NUMBER OF FUTURE PEDIATRICIANS AND OBSTETRICIANS WHO WOULD
6 CONTINUE TO PROVIDE HEALTHCARE FOR THIS UNDERSERVED
7 POPULATION. THIS ADVERSE OUTCOME WOULD BE DIFFICULT TO
8 REVERSE. THANK YOU VERY MUCH.

9

10 **SUP. MOLINA, CHAIR:** THANK YOU, DR. YOSHIKAWA. BEFORE I CALL ON
11 DR. BRUM, COULD I HAVE GINA JEFFERSON, O'NEIL M. CANNON JOIN
12 US AND LYNN KERSEY. DR. BRUM.

13

14 **DR. BRUIN:** GOOD MORNING, MADAM CHAIRWOMAN AND MEMBERS OF THE
15 BOARD. MY NAME IS ROBERTA BRUIN. I'M A BOARD CERTIFIED
16 NEONATOLOGIST WHOSE BEEN WORKING AT THE NEONATAL ICU FOR MANY
17 YEARS. I'M HERE TO REPRESENT, HOWEVER, BOTH THE DIVISION OF
18 NEONATAL AND THE DEPARTMENT OF PEDIATRICS. MY TESTIMONY,
19 THEREFORE, WILL HAVE TO COME TO YOU IN WRITTEN FORM BECAUSE
20 ONE MINUTE WILL CERTAINLY NOT BE SUFFICIENT TO COVER IT: YOU
21 MUST BE EXTREMELY BORED. IT'S BEEN 2002, 2003, 2004 AND NOW
22 2005 AND DR. GARTHWAITE STILL TRIES TO CONVINCE YOU THAT
23 CLOSING THE KING DREW AND I.C.U. WILL SOLVE ALL THE PROBLEMS.
24 IT'S A SMALL UNIT BUT, BY THE NUMBERS, THEN YOU SHOULD ALSO
25 ALREADY HAVE CLOSED HARBOR AND OLIVE VIEW. LESS THAN 1,500



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1 DELIVERIES YEAR, RIGHT? PROBLEM IS, WE DON'T ADMIT 10% OF OUR
2 BABIES, WE ADMIT 80% OF OUR BABIES. THERE IS NO WAY THAT YOU
3 CAN IGNORE THE SCIENCE SUGGESTING THAT ALL THE DISEASES WE
4 WANT TO PREVENT, HYPERTENSION, HEART DISEASE, DIABETES ARE NOT
5 BASED IN INFANCY. CLOSING PEDIATRIC SERVICES IN THE IMMEDIATE
6 AREA WILL ONLY UNDERMINE YOUR PREVENTIVE MEDICINE ATTEMPTS.
7 THANK YOU.

8

9 **SUP. MOLINA, CHAIR:** THANK YOU, DOCTOR. DR. JEFFERSON.

10

11 **DR. GINA JEFFERSON:** GOOD AFTERNOON. I'M DR. JEFFERSON, A
12 RESIDENT IN THE DEPARTMENT OF OTOLARYNGOLOGY AND A
13 REPRESENTATIVE FROM OUR COMMITTEE OF INTERNS AND RESIDENTS. IN
14 GENERAL, DR. GARTHWAITE'S PROPOSAL IS A MODEL THAT
15 SIGNIFICANTLY REDUCES THE PATIENT CARE SERVICES TO A COMMUNITY
16 THAT OBVIOUSLY NEEDS ACCESS AND IT ALSO JEOPARDIZES THE
17 VARIOUS RESIDENCY TRAINING PROGRAMS. IT SEEMS SENSELESS TO
18 MOST OF US TO CLOSE AN INPATIENT PEDIATRIC SERVICE WHEN PLANS
19 FOR EXPANSION OF A PEDIATRIC EMERGENCY ROOM ARE BEING
20 UNDERTAKEN. PREVENTATIVE MEDICINE, AS WE ALL CAN AGREE, IS
21 OBVIOUSLY A MUST BUT THAT DOES NOT COMPLETELY ELIMINATE THE
22 NEED FOR ADMITTING CERTAIN PATIENTS ON A REGULAR BASIS. ANY
23 CHILD NEEDING HOSPITAL ADMISSION AFTER BEING SEEN IN THE E.R.
24 WOULD OBVIOUSLY NEED TO BE TRANSPORTED TO A HOSPITAL THAT HAS
25 AN ADMITTING FACILITY. ADDITIONALLY, COMMUNITY MEMBERS MAY BE



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1 FORCED TO TAKE TWO TO THREE BUSES JUST TO BE SEEN AT ANOTHER
2 ADMITTING HOSPITAL. THE SAME IS TRUE FOR EXPECTANT MOTHERS,
3 WHO SHOULD ALSO HAVE ACCESS FOR THE SERVICES THAT THEY NEED.
4 ADDRESSING THE TRAUMA CENTER, THE IMPACT OF CLOSURE OF THE
5 TRAUMA CENTER IS SIGNIFICANT FOR BOTH TRAINING PHYSICIANS AS
6 WELL AS PATIENT CARE. DESPITE THE TRAUMA CENTER CLOSURE,
7 TRAUMA VICTIMS CONTINUE TO PRESENT TO OUR HOSPITAL WHERE
8 STABILIZATION AND TREATMENT IS REQUIRED THAT CAN ONLY BE
9 ADMINISTERED BY WELL TRAINED TRAUMA PERSONNEL THAT CAN PROVIDE
10 THIS CARE IN A TIMELY FASHION. TRAUMA CLOSURE HAS ALSO MEANT A
11 SIGNIFICANT DECLINE...

12

13 **SUP. MOLINA, CHAIR:** DO YOU WANT TO SUMMARIZE, DOCTOR?

14

15 **DR. GINA JEFFERSON:** CERTAINLY. FINALLY, A STATISTIC THAT WAS
16 PUBLISHED BY DAVID THATCHER'S REPORT A COUPLE OF YEARS AGO
17 STATED THAT 57% OF GRADUATES FROM OUR INSTITUTION GO ON TO
18 CONTINUE AND SERVE IN A URBAN COMMUNITY VERSUS THE 24% FROM
19 OTHER AREA HOSPITALS. IT IS IMPERATIVE TO MAINTAIN THE
20 AFFILIATION WITH OUR UNIVERSITY AS WELL AS MAINTAIN THE
21 HOSPITAL ITSELF.

22

23 **SUP. MOLINA, CHAIR:** THANK YOU, DOCTOR. [APPLAUSE]

24

25 **SUP. MOLINA, CHAIR:** AGAIN, PLEASE. MR. CANNON.



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1

2 **O'NEIL CANON:** I'M O'NEIL CANON AND MY WIFE, ADELE, IS WITH ME.
3 AND I HAVE LIVED IN THE WATTS SOUTH CENTRAL AREA SINCE 1947,
4 AT WHICH TIME WE BECAME ACTIVE, ALONG WITH TED WATKINS AND THE
5 W.O.C.A.C. IN THE PROJECT WHICH EVENTUALLY BECAME-- IN A
6 EFFORT TO GET MEDICAL ASSISTANCE OF SOME KIND INTO SOUTH LOS
7 ANGELES. BEFORE THAT TIME, WHENEVER THERE WAS AN INJURY OR
8 ILLNESS, WE HAD TO WAIT FOR SOMEBODY FROM THE GEORGIA STREET
9 RECEIVING HOSPITAL WHICH WAS DOWNTOWN. IT TOOK TOO LONG. SO
10 EVENTUALLY, THIS PROJECT THAT TED WATKINS LABORED WITH AND
11 WITH THE ASSISTANCE OF THE FORMER SUPERVISOR, KENNETH HAHN, OF
12 COURSE, IS HOW WE WOUND UP WITH THE KING DREW HOSPITAL. RIGHT
13 NOW, WE STILL LIVE THERE WHERE WE WERE AND I HAVE SPOKEN ABOUT
14 US TRYING TO SAVE KING DREW TO THREE DIFFERENT ORGANIZATIONS
15 OF WHICH I'M AFFILIATED WITH AND THEY ASKED ME TO GIVE THEIR
16 APPROVAL OF A EFFORT, A FULL EFFORT TO SAVE KING DREW. AND IF
17 IT'S NECESSARY, WE WOULD LIKE TO ASK THE BOARD OF SUPERVISORS
18 OR WHOEVER IS RESPONSIBLE TO FIND SOMEONE ELSE WHO WOULD BE
19 ABLE TO DO THE JOB THAT DR. GARTHWAITE HAS NOT BEEN ABLE TO
20 DO.

21

22 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH, MR. CANNON. BEFORE I
23 CALL ON MISS KERSEY, COULD WE BE JOINED BY DR. GWEN HARBERT,
24 CORINA LEFKOWITZ, AND KATHY YOUNGBLOOD. MS. KERSEY?

25



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1 **LYNN KERSEY:** THANK YOU. MY NAME IS LYNN KERSEY. I'M DIRECTOR
2 OF MATERNAL AND CHILD HEALTH ACCESS, A POLICY AND DIRECT
3 ORGANIZATION. WE ESPECIALLY WORK WITH WOMEN IN SPA 4 AND SPA
4 6. I SUPPORT THE COALITION FOR HEALTH AND JUSTICE IN THEIR
5 GUIDING PRINCIPLES AND THEIR MOTION THAT'S AUTHORIZED BY
6 SUPERVISOR MOLINA AND SUPERVISOR BURKE. I THINK THERE ARE A
7 LOT OF HARD QUESTIONS THAT HAVE TO BE ASKED OF DR. GARTHWAITE
8 AND I HOPE THAT THE H.A.B. GETS A CHANCE TO EXPLORE THE VERY
9 QUICK STATISTICS THAT WERE PROVIDED TO YOU THIS MORNING. I'M
10 WONDERING WHICH STATISTIC IT IS THAT WILL CHANGE YOUR MIND. IS
11 IT THE 95 OR 97% OF CHILDREN AND WOMEN THAT ARE NO LONGER--
12 THAT ARE NOT BEING SEEN IN THE COMMUNITY AT KING DREW? IF YOU
13 ASK ABOUT THE NUMBER OF WOMEN WHO HAVE A MEDICAL SURGICAL
14 PROBLEM AND ARE BEING SEEN FOR DELIVERY WHO HAVE HELP
15 SYNDROME, WHO HAVE A COMBINATION OF BLEEDING LIVER, BLOOD
16 PRESSURE PROBLEMS, VERY EARLY PREMATURE RUPTURE OF THE
17 MEMBRANES, YOU MIGHT HAVE A VERY DIFFERENT STATISTIC. IT MAY
18 BE THAT A VERY HIGH PERCENTAGE OF THOSE WOMEN ARE BEING SEEN
19 AT KING DREW. YOU HAVE TO ASK ABOUT ACUITY. COUNTY SEES THE
20 SICKEST WOMEN. THEY DON'T-- THE COMMUNITY PROVIDERS TRANSFER
21 THEM TO THE COUNTY. CALIFORNIA HOSPITAL PERINATOLOGISTS TELL
22 US THAT THEY CAN'T SEE THESE WOMEN. THEY'RE BETTER OFF AT
23 COUNTY FACILITIES AND THAT INCLUDES KING DREW, NOT JUST
24 L.A.C./U.S.C. I ASK YOU TO LOOK AT ACUITY, TO LOOK AT THE
25 CAPACITY BECAUSE, WHEN YOU LOOK ON THE PERINATAL TRANSFER



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1 WEBSITE, THEY CAN'T TAKE THEM AT CALIFORNIA, THEY CAN'T TAKE
2 THEM AT DOWNEY, THEY CAN'T TAKE THEM AT MILLER. IF THEY TELL
3 YOU THEY CAN, THEN LOOK AT THEIR WEBSITES. THE PERINATAL
4 TRANSFER. WE DON'T HAVE ENOUGH TIME. PLEASE READ TESTIMONY.
5 DON'T WAIT UNTIL THE BEILENSEN. IF YOU HOLD A BEILENSEN
6 HEARING, YOU'RE SIGNALING TO THE COMMUNITY THAT IT'S A DONE
7 DEAL AND WE'VE HAD ENOUGH HISTORY TO KNOW THAT ALREADY. PLEASE
8 GET THE DATA BEFORE THAT AND PLEASE DEFER THIS DECISION YOU
9 HAVE HEARD FROM SUPERVISOR YAROSLAVSKY TODAY. THANK YOU.

10

11 **SUP. BURKE:** MADAM CHAIR? [APPLAUSE]

12

13 **SUP. MOLINA, CHAIR:** YES? PLEASE! SUPERVISOR BURKE?

14

15 **SUP. BURKE:** I'M GOING TO ASK THAT MS. KERSEY PASS OUT THE
16 FINDINGS FROM THE MATERNAL AND CHILD HEALTH ACCESS AND I'D
17 LIKE TO ASK THAT DR. GARTHWAITE REPORT BACK TO US ON THOSE
18 FINDINGS.

19

20 **SUP. MOLINA, CHAIR:** ALL RIGHT. NOT NOW BUT EVENTUALLY, RIGHT?

21

22 **SUP. BURKE:** WITHIN TWO WEEKS.

23

24 **SUP. MOLINA, CHAIR:** IN TWO WEEKS. VERY GOOD. DR. HARBERT?

25



**The Meeting Transcript of
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1 **DR. GWEN HARBERT:** GOOD AFTERNOON, MEMBERS OF THE BOARD OF
2 SUPERVISORS. I'M DR. GWENDOLYN HARBERT, A REPRESENTATIVE FROM
3 THE COMMITTEE OF INTERNS AND RESIDENTS AND CHIEF RESIDENT OF
4 THE DEPARTMENT OF PEDIATRICS AT KING DREW MEDICAL CENTER. IT
5 IS WIDELY KNOWN THAT SPA 6 IS AN AREA SERVED BY KING DREW IS
6 THE COMMUNITY WITH THE LARGEST DISPARITY IN HEALTHCARE. WE
7 KNOW THAT SPA 6 HAS THE HIGHEST NUMBER OF UNINSURED CHILDREN,
8 IT HAS THE HIGHEST NUMBER OF NEWBORNS WITH LOW BIRTH WEIGHT.
9 AS DR. GARTHWAITE STATED, 22.5% OF OUR NEWBORNS ARE LOW BIRTH
10 WEIGHT. AS DR. BOONEY EARLIER STATED, THE MAJORITY OF OUR
11 PATIENTS NEED TO BE ADMITTED DUE TO THEIR ACUITY. IT HAS THE
12 HIGHEST NUMBER OF OBESE CHILDREN, THE LOWEST RATE OF WOMEN
13 WITH PRENATAL CARE. USUALLY THEY RECEIVE CARE IN THEIR THIRD
14 TRIMESTER, WHICH IS MUCH TOO LATE, AND WHICH CAN AFFECT-- IS
15 THE REASON WHY WE HAVE SUCH HIGHLY ACUTE INFANTS. IT HAS THE
16 HIGHEST CHILD DEATHS AS WELL, THE HIGHEST BIRTH TEEN MOTHERS
17 AND THE HIGHEST TEEN BIRTH RATE. BASED ON THIS DATA, IT'S
18 OBVIOUS THAT THE MEMBERS OF THIS COMMUNITY IS NOT SEEING THE
19 APPROPRIATE HEALTHCARE. DR. GARTHWAITE STATES THAT THE
20 MAJORITY OF THESE PATIENTS ARE BEING SEEN IN PRIVATE HOSPITALS
21 BUT HE DOES NOT STATE THE PERCENTAGE OF THE COMMUNITY THAT
22 ACTUALLY DOES SEEK HEALTHCARE SERVICES. OBVIOUSLY, BASED ON
23 THIS DATA, IT SUGGESTS THAT THE PROBLEM STILL EXISTS BECAUSE
24 THE COMMUNITY IS NOT SEEKING OR OBTAINING THE CARE THAT IT
25 ACTUALLY NEEDS. BASED ON THE CLOSURE OF THE PEDIATRIC



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1 SERVICES, THE NUMBER OF PEDIATRIC PATIENTS ADMITTED TO THE
2 DEPARTMENT HAS REPORTEDLY BEEN LOW, WHICH DR. GARTHWAITE USES
3 TO JUSTIFY THE CLOSURES OF THE INPATIENT UNITS. BASED ON MY
4 EXPERIENCE AS A PEDIATRIC RESIDENT, THREE YEARS AGO WHEN I
5 BEGAN MY INTERN YEAR, OUR CLINICS WERE ALWAYS FULL, OUR
6 PEDIATRIC OUTPATIENT CLINICS ALWAYS HAD PATIENTS AND OUR
7 INPATIENT SERVICES WERE ALWAYS-- HAD PATIENTS AS WELL. AS THE
8 NEGATIVE PUBLICITY PROVIDED BY THE "L.A. TIMES" OCCURRED,
9 INSTANTANEOUSLY, OUR NUMBERS BEGAN TO DROP. RECENTLY, OUR
10 NUMBERS BEGAN TO DROP AS WELL DUE TO THE LOSS OF J.C.A.H.O.
11 ACCREDITATION, WHICH HOPEFULLY WE'LL REGAIN EARLY NEXT YEAR.
12 DR. GARTHWAITE PLANS TO EXPAND OUR PEDIATRIC OUTPATIENT
13 SERVICES AND WILL BE OPENING A PEDIATRIC E.R. NEXT MONTH.
14 HOWEVER, IF THE PEDIATRIC WERE RECEIVING MORE PATIENTS WITH
15 THIS PEDIATRIC E.R., WHERE WILL THESE PATIENTS GO ONCE THEY
16 NEED TO BE ADMITTED? AS MY EXPERIENCE AS A PEDIATRIC RESIDENT,
17 USUALLY IN THE WINTER MONTHS WHEN WE HAVE HIGHER PATIENT
18 VOLUMES, WE HAVE TO TRANSFER PATIENTS OUT BECAUSE WE DON'T
19 HAVE ENOUGH BEDS, THESE PATIENTS HAVE TO WAIT HOURS AT A TIME
20 TO BE TRANSFERRED TO OTHER FACILITIES.

21

22 **SUP. MOLINA, CHAIR:** THANK YOU, DOCTOR.

23

24 **DR. GWEN HARBERT:** CAN I JUST FINISH UP, PLEASE?

25



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1 **SUP. MOLINA, CHAIR:** NO. WE'VE GONE OVER YOUR TIME. THANK YOU.

2 I'M SORRY. [INTERJECTIONS]

3

4 **DR. GWEN HARBERT:** I'M JUST ASKING THAT THE SUPERVISORS

5 THOROUGHLY UNDERSTANDS THE IMPACT OF THE CLOSURES.

6

7 **SUP. MOLINA, CHAIR:** DOCTOR! PLEASE HONOR...

8

9 **DR. GWEN HARBERT:** ON THE WOMEN AND CHILDREN IN THIS COMMUNITY.

10 PLEASE. PLEASE CONSIDER IT.

11

12 **SUP. MOLINA, CHAIR:** PLEASE HONOR OUR RULES. THANK YOU. AND,

13 AGAIN, IF ANYONE CREATES DISRUPTION, WE WANT TO BE INCLUSIVE

14 OF EVERYONE BUT PLEASE HONOR OUR RULES. MISS LEFKOWITZ. [

15 APPLAUSE]

16

17 **CORENA LEFKOWITZ:** MY NAME IS CORENA LEFKOWITZ, I'M 27 YEARS

18 OLD, AND I WANT TO MAKE THREE POINTS TODAY. FIRST, I THINK DR.

19 GARTHWAITE'S REPORT ON KING DREW MEDICAL CENTER IS

20 UNACCEPTABLE. HIS PROPOSAL TO DOWNSIZE THE FACILITY IS A CRIME

21 AGAINST THE STRUGGLING COMMUNITIES OF SOUTH CENTRAL LOS

22 ANGELES, MEANING A CRIME AGAINST HUMANITY. SECONDLY, THE

23 TRAUMA CENTER AT KING DREW SHOULD BE REOPENED AND THE HOSPITAL

24 NEEDS TO REMAIN A FACILITY WITH COMPREHENSIVE SERVICES. TO

25 DOWNSIZE IT TO A CLINIC WOULD BE A TREMENDOUS LOSS TO THE



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1 SURROUNDING COMMUNITIES WHO REGULARLY UTILIZE THE SERVICES
2 THERE. WHY CLOSE SOMETHING THAT IS ALREADY BUILT? IT BASICALLY
3 TAKES A GIFT FROM GOD IN ORDER TO RAISE MONEY FOR A FACILITY
4 THAT LARGE AND ESPECIALLY ONE THAT IS LOCATED IN ONE OF THE
5 POOREST COMMUNITIES IN LOS ANGELES. LET'S MAKE IT BETTER.
6 THIRDLY, I DEMAND, AS A 27-YEAR-OLD WOMAN WHO ONE DAY WANTS TO
7 GIVE BIRTH, TO KEEP PEDIATRICS AND OB/GYN OPEN. I ASK YOU,
8 COUNCIL MEMBERS, TO IMAGINE YOUR SISTER OR WIFE NOT HAVING
9 CLOSE ACCESS TO PRENATAL CARE, IMAGINE HER IN 100-DEGREE HEAT
10 OR POURING RAIN WHILE PREGNANT TAKING PUBLIC TRANSPORTATION
11 ACROSS TOWN TO RECEIVE BASIC CARE. WOMEN DESERVE AND HAVE A
12 RIGHT TO HEALTHCARE! TO CLOSE PEDIATRICS AND OB/GYN IS AN
13 ATTACK ON WOMEN. I DO NOT BENEFIT PERSONALLY FROM THE SERVICES
14 AT KING DREW, BUT I KNOW, AS A HUMAN BEING, THAT IT IS UNJUST
15 AND RACIST TO PREVENT THE PEOPLE OF SOUTH CENTRAL L.A. FROM
16 ACCESSING MEDICAL CARE. KEEP KING DREW ALIVE AND WORKING WITH
17 COMPREHENSIVE SERVICES.

18

19 **SUP. MOLINA, CHAIR:** THANK YOU. MISS YOUNGBLOOD. [CHEERS AND
20 APPLAUSE]

21

22 **SUP. MOLINA, CHAIR:** BEFORE I-- AGAIN, PLEASE. IT'S GOING TO
23 TAKE US A LONG TIME AND IT'S VERY CRITICAL THAT WE MAKE THESE
24 DECISIONS. NEXT I'M ASKING DR. RAIME ESCANOWER TO JOIN US, DR.



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1 SHERRY LAINGHORN AND DR. REGINA EDMONDS. YOU ARE MISS
2 YOUNGBLOOD. I'M SORRY. PLEASE PROCEED.

3

4 **CATHY YOUNGBLOOD:** GOOD AFTERNOON, BOARD OF SUPERVISORS. MY
5 NAME IS CATHY YOUNGBLOOD, I DO LIVE IN THE SPA 6 AREA, I DO
6 WALK AND TALK WITH THE RESIDENTS ON A DAILY BASIS. I AM A
7 MEMBER OF THE ASSOCIATION OF BLACK ANTHROPOLOGISTS I'M ALSO A
8 MEMBER OF THE AMERICAN ANTHROPOLOGICAL ASSOCIATION. I AM CAME
9 HERE TO CHALLENGE YOU TODAY BECAUSE THERE IS A GREAT
10 DISCONNECT. YOU HAVE FACTS AND FIGURES, PRESENTATIONS AND
11 WHATEVER PRESENTED BUT YOU HAVE NEVER TAKEN A POLL FROM THE
12 RESIDENTS THAT LIVE IN THIS AREA. I CHALLENGE YOU TO COME TO
13 THE AREA SERVED BY KING HOSPITAL COMPLEX. I CHALLENGE YOU TO
14 KNOCK ON OUR DOORS. YOU'VE HEARD FROM THE MEDICAL SIDE. NOW I
15 WANT YOU TO HEAR FROM US. ON BEHALF OF ALL THE BABIES AND
16 CHILDREN AND THE PEOPLE THAT HAVE ALREADY DIED BECAUSE THE
17 TRAUMA CENTER HAS BEEN CLOSED AND ANOTHER FACILITY IS TOO FAR
18 AWAY, ON BEHALF OF THE BABIES AND CHILDREN THAT NEED US, ALL
19 POWER TO THE PEOPLE.

20

21 **SUP. MOLINA, CHAIR:** THANK YOU. [CHEERS AND APPLAUSE]

22

23 **SUP. MOLINA, CHAIR:** DR. ESCANOWER.

24



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1 **DR. ESCANDER:** THANK YOU, MADAM CHAIRWOMAN. MY NAME IS DR. AME
2 ESCANDER IN CURRENTLY A RESIDENT AT THE DEPARTMENT OF OB/GYN
3 AT MARTIN LUTHER KING MEDICAL CENTER. IN LISTENING TO THE
4 PRESENTATION BY DR. GARTHWAITE THIS MORNING, I COULDN'T HELP
5 BUT OVERHEAR HOW HE DESCRIBED THE PROBLEMS WITH HYPERTENSION
6 AND DIABETES AND HOW CLOSING DOWN OBSTETRICS IS GOING TO HELP
7 FIX SOME OF THE PROBLEMS AT MARTIN LUTHER KING. UNFORTUNATELY,
8 SOME OF OUR PATIENTS, THE 14 AND 15 AND 16-YEAR-OLD PREGNANT
9 MOTHERS GET INTRODUCED TO THE GYN ASPECTS OF OUR SERVICE WHEN
10 THEY'RE PREGNANT AT 14 AND 15 AND 16 AND, IF THEY DON'T GET
11 ACCESS AT THAT AGE, WHEN WILL YOU REACH THEM? WHEN IT'S TOO
12 LATE. SHUTTING DOWN OB IS AN AVENUE WHICH WE GET TO MEET
13 PATIENTS BY. WE CANNOT SHUT THAT DOWN AND EXPECT TO KEEP IN
14 TOUCH WITH THEM. WE WILL SIMPLY LOSE TO THEM TO THE COMMUNITY
15 OR LOSE THE HEALTHCARE ACCESS, THAT THEY CAN-- THE ONLY ACCESS
16 THAT THEY HAVE AT THIS POINT IN TIME. SECOND OF ALL, I'VE
17 HEARD THE STATEMENT THAT THE COUNTY HOSPITAL SHOULD BE A
18 SAFETY NET. AS A PHYSICIAN, I DISAGREE WITH THAT. IT SHOULDN'T
19 BE A SAFETY NET. THERE'S NO REASON THAT COUNTY SHOULD BE A
20 SAFETY NET AND CEDARS SHOULD BE A HOSPITAL YOU GO TO OBTAIN
21 GREAT CARE. THERE'S NO DIFFERENCE. IF YOU GO TO MARTIN LUTHER
22 KING JR. HOSPITAL, MARTIN LUTHER KING AND CHARLES R. DREW
23 HOSPITAL, YOU SHOULD BE ABLE TO OBTAIN THE SAME LEVEL OF CARE
24 THAT YOU GET OUTSIDE PLACES. DON'T DECIDE TO SHUT DOWN THE
25 HOSPITAL AND HURT THE COMMUNITY SIMPLY BECAUSE OF



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1 RECOMMENDATIONS THAT ARE SHORTSIGHTED AND WILL HURT THE
2 HOSPITAL IN FIVE, 10, 20 YEARS DOWN THE LINE.

3

4 **SUP. MOLINA, CHAIR:** THANK YOU. DR. LANGHORNE.

5

6 **DR. SHERRY LANGHORNE:** MADAM CHAIRMAN AND CHAIR MEMBERS, MY
7 NAME IS SHERRY LANGHORNE. I'M WITH THE DEPARTMENT OF
8 PEDIATRICS OVER AT KING DREW MEDICAL CENTER. ONE OF THE ISSUES
9 THAT HAVE COME UP ON THAT I'D LIKE TO ADDRESS IS THAT MOST
10 MEDI-CAL PATIENTS HAVE MOVED INTO AN H.M.O. SYSTEM. THIS PUTS
11 THE PRIVATE AND PUBLIC SYSTEMS JOCKEYING FOR THOSE FINANCIAL
12 FUNDS. ALL COUNTY HOSPITALS ARE LOOKING FOR THOSE FUNDS,
13 INCLUDING L.A. COUNTY, KING DREW MEDICAL CENTER. WITH THE LOSS
14 OF J.C.A.H.O. CAME THE LOSS OF THOSE MEDI-CAL PATIENTS AND
15 WITH THEIR FUNDING. MR. GARTHWAITE SUGGESTED HIRING OUT
16 PRIVATE MEDICAL GROUPS TO FILL THE GAPS OF MEDICAL PERSONNEL.
17 THIS REALLY DOESN'T MAKE ANY SENSE SINCE YOU HAVE RESIDENTS
18 THAT ARE ALREADY THERE AND THEY'RE CHEAPER FINANCIALLY. NOT
19 ONLY DO WE HAVE OUTSOURCING OF NURSING NOW WITH THE TRAVELERS
20 NURSES. MUST WE OUTSOURCE PHYSICIANS, TOO, AND LEAVE A REGULAR
21 SKELETON STAFF THERE? STUDIES HAVE SHOWN, WITH CONTINUITY OF
22 CARE, THERE IS A DECREASE IN HOSPITAL DOLLARS. MY SUGGESTION,
23 ACTUALLY, IS A BIT DIFFERENT. WE ARE ALL CALLED L.A. COUNTY
24 HOSPITALS, BIG GENERAL, HARBOR AND OLIVE VIEW. WHEN WE ARE
25 SHORT, WE SHOULD SEND STAFF TO THE DIFFERENT HOSPITALS, ROTATE



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1 THE PERSONNEL BETWEEN THE HOSPITAL STAFF, BETWEEN THE
2 HOSPITALS. KING DREW MEDICAL CENTER IS ALSO L.A. COUNTY. IT IS
3 A COUNTY HOSPITAL AND IT IS NOT GIVEN COUNTY RESPECT. THE
4 OVERALL GOAL OF THE COUNTY HOSPITAL IS TO SERVE THE POOR AND
5 UNDERSERVED IN THE COMMUNITIES. OUR COMMUNITY IS UNDERSERVED
6 WITH ILLEGAL, POOR, AND SINGLE WOMEN WITH CHILDREN. I AM AN
7 L.A. COUNTY, KING DREW MEDICAL DOCTOR.

8

9 **SUP. MOLINA, CHAIR:** THANK YOU, DOCTOR. NEXT WE HAVE MARCEL
10 WHEELLOCK, CELES KING AND DR. GENEVIEVE CLAVREUL. DR. EDMONDS.

11

12 **DR. REGINA EDMOND:** MY NAME IS DR. REGINA EDMOND. I'M A THIRD
13 YEAR RESIDENT IN THE DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
14 AT MARTIN LUTHER KING HOSPITAL AND I APPRECIATE THE
15 OPPORTUNITY TO SPEAK WITH YOU ALL THIS MORNING-- THIS
16 AFTERNOON. AND, AS A DEDICATED PRACTITIONER AT THE HOSPITAL, I
17 CHOSE TO ACTUALLY BE THERE BECAUSE I BELIEVE IN THE MISSION OF
18 THE HOSPITAL. AND, FOR YEARS, WOMEN HAVE BEEN FIGHTING FOR THE
19 RIGHT TO BE EQUAL CITIZENS AND TO REMOVE OBSTETRIC SERVICES IS
20 A STATEMENT SAYING THAT THEY ARE NOT EQUAL TO MEN. AND THAT IS
21 NOT ACCEPTABLE. THESE CHANGES WOULD SERVE AS A SUBSTANTIAL
22 REGRESSION TO THAT SOCIAL EQUALITY THAT WE'RE DESPERATELY
23 TRYING TO MAINTAIN IN THIS DAY AND AGE. THE WOMEN'S AND
24 CHILDREN'S SERVICES ARE AS IMPORTANT AS OTHERS IN THE HOSPITAL
25 AND, IF MR. GARTHWAITE'S PLAN IS TO MAINTAIN A FAMILY FOCUS



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1 CENTER AND A COMMUNITY ACADEMIC HOSPITAL, THEN DISCONTINUING
2 INPATIENT AND OUTPATIENT O.B. AND PEDIATRIC SERVICES WOULD NOT
3 ONLY ELIMINATE THAT ACCESSIBLE CARE TO OUR WOMEN AND CHILDREN
4 BUT ALSO SEVERELY JEOPARDIZE THE EDUCATION AND COMPREHENSIVE
5 CARE FOR THE OTHER REMAINING DEPARTMENTS. THANK YOU.

6

7 **SUP. MOLINA, CHAIR:** THANK YOU. DR. WEELOCK.

8

9 **DR. WILLOCK:** I'M DR. WILLOCK, A RECENT RETIRED DEAN AT CHARLES
10 DREW MEDICAL SCHOOL. SO I'VE HAD 3 1/2 YEARS OF EXPERIENCE
11 WITH D.H.S. AND KING. I SUPPORT SUPERVISOR BURKE'S AND
12 MOLINA'S PROPOSAL AND I'M AGAINST DR. GARTHWAITE'S PROPOSAL.
13 THE DEPARTMENT OF HEALTH SERVICE CONTINUES TO PROVIDE THIS
14 BOARD OF SUPERVISORS WITH HALF TRUTHS REGARDING KING AND
15 MISMANAGES IT. WHAT DO I MEAN BY HALF TRUTHS? YES, THE NUMBER
16 OF DELIVERIES HAS FALLEN BUT HAVE YOU ASKED WHY? CENTRALIZED
17 FETAL MONITORING OF THE MOTHERS AND BABIES HAS BEEN STANDARD
18 FOR 20 YEARS. THAT WAS ONLY PROVIDED AT KING IN SEPTEMBER OF
19 2004. LDRS, LABOR-- ROOMS WHERE A PATIENT CAN LABOR, DELIVERY
20 AND RECOVER HAVE BEEN STANDARD. IT IS SUCH AS HARBOR AND BIG
21 COUNTY BUT YET KING DOES NOT HAVE THAT. OUR PATIENTS ARE POOR
22 BUT THEY'RE NOT STUPID. THEY KNOW WHERE THEY CAN GO. ST.
23 FRANCIS REMODELED TO MAKE IT ATTRACTIVE FOR THEIR PATIENTS,
24 WHEREAS KING DIDN'T. AND LASTLY, THE DECISIONS-- MY TIME IS
25 LIMITED-- THE DECISION ARE MADE BY D.H.S. LEADERSHIP, WHICH



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1 ARE ALL OLD WHITE MALES AND, WHEN I LOOK AT THIS BOARD AND I
2 DON'T MEAN TO CONFRONTATIONAL BUT I THINK THIS HAS TO BE SAID,
3 WE'RE TALKING ABOUT WOMEN AND CHILDREN AND WE NEED WOMEN TO
4 MAKE IMPORTANT DECISIONS WITH THIS REGARD. I'M SORRY,
5 GENTLEMEN. YOU ARE NOT AS SENSITIVE AS YOU SHOULD BE. THANK
6 YOU.

7

8 **SUP. MOLINA, CHAIR:** THANK YOU. [CHEERS AND APPLAUSE]

9

10 **SUP. MOLINA, CHAIR:** MR. KING. PLEASE, PLEASE, PLEASE, PLEASE!
11 MR. KING.

12

13 **CELES KING IV:** GOOD AFTERNOON, BOARD MEMBERS. MY NAME IS CELES
14 KING, IV. I'M THE VICE-CHAIRMAN OF THE CALIFORNIA COLLEGE OF
15 RACIAL EQUALITY, LEGAL DEFENSE AND EDUCATION FUND. AND SINCE
16 I'M LIMITED, I'LL JUST KIND OF DO IT IN BULLETS. FIRST OF ALL,
17 THIS ENTIRE COUNTY'S HEALTHCARE SYSTEM IS IN A DISARRAY AND IN
18 SHAMBLES AND IF ANYTHING CATASTROPHIC DID OCCUR IT WOULD
19 PROBABLY COLLAPSE. THAT'S BECAUSE OF POOR AND MISMANAGEMENT,
20 NOT ONLY BY D.H.S. BUT BAD DECISIONS MADE BY THE BOARD, BASED
21 UPON INFORMATION RECEIVED FROM D.H.S. IN 2003, THERE WAS A
22 FRONTAL ASSAULT THAT BEGAN AGAINST THE KING DREW MEDICAL
23 CENTER. IT STARTED WITH THE CASCADING OF 400 PLUS EMPLOYEES,
24 BOTH MEDICAL AND ADMINISTRATIVE. THIS HOSPITAL HAS NEVER BEEN
25 ABLE TO RECOVER FROM THAT CASCADE. ON TOP OF THAT,



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1 SYSTEMATICALLY WE HAVE HEARD OVER AND OVER AGAIN, IF WE REMOVE
2 THIS OR IF WE CUT THIS, THAT WHAT WE WILL HAVE IS WE WILL HAVE
3 AN ABILITY TO REPAIR AND FIX THIS FACILITY AND SAVE THE
4 HOSPITAL. SMOKING AND MIRRORS CRAP. THAT'S WHAT IT IS. BECAUSE
5 WHAT HAS ACTUALLY HAPPENED IS, IS THAT THIS HOSPITAL IS BEING
6 SYSTEMATICALLY DISMANTLED TO THE POINT OF NO RETURN. RIGHT
7 NOW, WHAT IT MORE-- WHAT IT REALLY IS, IS IT'S NOTHING MORE
8 THAN A GLORIFIED CONVALESCENT HOME AND, AT THIS POINT, I CALL
9 FOR NOT ONLY THE RESIGNATION OR TERMINATION OF MR. GARTHWAITE
10 BUT ALSO OF MR. FRED LEAF. [CHEERS AND APPLAUSE]

11

12 **SUP. MOLINA, CHAIR:** AGAIN! NEXT WE HAVE VIVIAN JOHNSON, JOSHUA
13 RUTKOFF, AND SHABAKA HERU. DR. CLAVREUL, COULD YOU ALSO
14 ADDRESS 65-E IN YOUR COMMENTS.

15

16 **DR. GENEVIEVE CLAVREUL:** YES. GOOD AFTERNOON, BOARD OF
17 SUPERVISORS. THIS IS DR. GENEVIEVE CLAVREUL. YOU KNOW, I AM
18 VERY AMAZED THAT WE ARE BACK HERE TODAY. YOU ARE HAVING A
19 MOTION, MS. MOLINA AND MS. BURKE, SHOWING BY THE MOTION THAT
20 YOU DO NOT TRUST DOC-- YOU KNOW, MR. GARTHWAITE, AND HE HAS
21 PROVED HE CANNOT BE A TRUSTED INDIVIDUAL BUT INSTEAD OF DOING
22 JUST WHAT YOU HAVE DONE, FIRE HIM! BE A LEADER! I MEAN, FOR
23 YEARS AND YEARS, NO HAND. YOU HAVE A HUMAN BEING WHO IS NOT
24 EVEN LICENSED IN THE STATE OF CALIFORNIA BUT GIVES ALL YOUR
25 DECISIONS AS A MEDICAL EXPERT. IT'S TIME THOSE RULES CHANGE.



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1 HE IS NOT QUALIFIED, HE HAS NOT SHOWN HIS LEADERSHIP, HE HAS
2 MADE WRONG RECOMMENDATION AFTER WRONG RECOMMENDATION. YOU NEED
3 TO GET RID OF HIM. WE HAVE LOST MILLIONS OF DOLLARS. WE HAVE
4 NAVIGANT HERE AT OUR LEFT SIDE. NAVIGANT WHO IS PAID--
5 ALTOGETHER WILL BE \$18 MILLION, WHO IS NOT DOING A DARN THING!
6 THEY HELP HIM TO DESTROY THE HOSPITAL AND, RIGHT NOW, THEY ARE
7 SO BUSY NOT BEING THERE THEY CANNOT EVEN ANSWER PHONE CALLS. I
8 THINK WE ARE PAYING A LITTLE TOO MUCH AND I HOPE THE
9 STOCKHOLDERS, WHEN THEY MEET NEXT WEEK, ASK THEM TOUGH
10 QUESTIONS, BECAUSE THEY SHOULD NOT BE HERE.

11

12 **SUP. MOLINA, CHAIR:** THANK YOU. MISS JOHNSON.

13

14 **VIVIAN JOHNSON:** HELLO. MY NAME IS VIVIAN JOHNSON. I'M AN
15 EMPLOYEE AT KING DREW MEDICAL CENTER. PROGRESS IS BEING MADE
16 AT MARTIN LUTHER KING JR. MEDICAL CENTER, PROGRESS TOWARDS
17 REVIVING THE SHORT-SIGHTED CLOSURES AND REORGANIZATION
18 UNDERTAKEN DIRECTLY BY THE DEPARTMENT OF HEALTH SERVICES AT
19 THE HOSPITAL IN 2003 AND 2004. HOWEVER, THE SAME DEPARTMENT
20 THAT BEGUN THIS PROCESS IS NOW ADVOCATING STILL MORE
21 DISRUPTION AND DISLOCATION, CONTENDING THAT ONLY A SMALLER
22 HOSPITAL IS MANAGEABLE. THIS BOARD SHOULD NOT BE RUSHED INTO
23 JUDGMENT THAT WILL UNDERMINE HARD WON PROGRESS. THAT'S--
24 WHAT'S INSIDE OUR HOSPITAL RIGHT NOW, THERE'S A SENSE OF HOPE
25 AND RENEWAL. WE ARE AWARE OF THE CRITICISMS AND INSIGHT



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1 SHORTCOMINGS AND FAILURES. STILL, THERE IS SOME SENSE OF
2 RENEWAL. SECOND, WE FINALLY HAVE A HOSPITAL CHIEF EXECUTIVE.
3 YOU HAVE NO IDEA HOW UNPRODUCTIVE MUCH OF OUR ACTIVITY BECOMES
4 IN THE ABSENCE OF MANAGEMENT AND DIRECTION. WE ARE AWARE THAT
5 THE HOSPITAL CHIEF EXECUTIVE POSITION DOES NOT PAY WHAT WOULD
6 BE REQUIRED TO FIND A CANDIDATE IN THE PRIVATE MARKET,
7 ALTHOUGH YOU HAVE BEEN PAYING MORE THAN \$13 MILLION FOR
8 TEMPORARY HELP. STILL, WE ARE HOPEFUL THAT WE WILL HAVE A
9 LEADER COMMITTED TO THE PUBLIC HEALTH AND PUBLIC SERVICE.

10

11 **SUP. MOLINA, CHAIR:** THANK YOU, MS. JOHNSON.

12

13 **VIVIAN JOHNSON:** CAN I FINISH?

14

15 **SUP. MOLINA, CHAIR:** NO. I'M SORRY. YOU HAD ONE MINUTE. I
16 APOLOGIZE.

17

18 **VIVIAN JOHNSON:** ONE MINUTE DOESN'T SOLVE ANYTHING.

19

20 **SUP. MOLINA, CHAIR:** I KNOW, MA'AM, BUT WILL AN HOUR AND A
21 HALF. WE NEED TO GET TO SOME DECISIONS. WE APOLOGIZE. THOSE
22 ARE THE RULES THAT WE ADOPTED. MR. RUTKOFF.

23

24 **JOSHUA RUTKOFF:** MY NAME IS JOSHUA RUTKOFF AND I'M HEALTH
25 DIVISION ONE DIRECTOR FOR S.E.I.U. LOCAL 660. FIRST I WANT TO



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1 ACKNOWLEDGE THE DELEGATION OF KING DREW WORKERS WHO ARE HERE
2 TODAY REPRESENTING THE AREAS THAT ARE BEING TARGETED FOR CUTS.
3 THIS BOARD WILL MAKE A DRAMATIC MISTAKE IF IT ACCEPTS THE
4 RECOMMENDATIONS OF THE DEPARTMENT CONCERNING DOWNSIZING OF
5 KING DREW MEDICAL CENTER. FIRST, THERE IS NO EVIDENCE THAT
6 DOWNSIZING IS NECESSARY OR EVEN HELPFUL IN RESOLVING INTERNAL
7 ISSUES AT THE MEDICAL CENTER. DOWNSIZING IN '03/'04 LED TO
8 REASSIGNMENT OF STAFF TO AREAS WITH WHICH THEY WERE NOT
9 FAMILIAR AND TO STAFF DISSATISFACTION THAT CONTRIBUTED TO
10 MISTAKES AND FUELED PUBLIC CONTROVERSY. THE HOSPITAL WAS
11 ALREADY WORKING WITH STAFF AND MANAGEMENT CHALLENGES,
12 INCLUDING THE LACK OF A PERMANENT CHIEF EXECUTIVE. ITS
13 CHALLENGES WILL ONLY BE EXACERBATED BY THIS SHORTSIGHTED
14 ACTION. SECOND, DOWNSIZING THE FACILITY DOES NOT DOWNSIZE THE
15 PROBLEM, THE NECESSITY TO PROVIDE ACCESSIBLE QUALITY SERVICES
16 TO A POPULATION OF A MILLION HUMAN BEINGS. D.H.S. HAS NOT
17 SHOWN THAT IT CAN CREATE AN ARTIFICIAL SAFETY NET FOR PATIENTS
18 WHO WOULD NO LONGER BE SERVED AT KING DREW. THIRD, DOWNSIZING
19 WILL COME AT THE EXPENSE, PERHAPS, AT THE ELIMINATION OF
20 TRAINING PROGRAMS ORIENTED TO THE SERVICES OF THIS COMMUNITY.
21 IT IS THE RULE OF THE HOSPITAL AS A CENTER FOR TRAINING AND
22 DEVELOPMENT, WHICH IS NOW COMPLETELY AT RISK. FINALLY, D.H.S.
23 RECOMMENDS CHANGES IN THE PROGRAM OF KING DREW WHICH ARE, IN
24 ALL LIKELIHOOD, IRREVERSIBLE. SEIU LOCAL 660 OPPOSES DR.
25 GARTHWAITE'S PROPOSED CUTS. THE CLOSURE OF MAJOR SERVICES WILL



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1 DISPERSE STAFF, CHANGE INSTITUTIONAL IDENTITY AND COMMUNITY
2 EXPECTATIONS AND ELIMINATE TRAINING. TO CLOSE, ANY CHANGE IN
3 MAJOR SERVICES AT KING DREW SHOULD FOLLOW A THOROUGH REVIEW OF
4 COMMUNITY NEED.

5

6 **SUP. MOLINA, CHAIR:** THANK YOU, MR. RUTKOFF.

7

8 **JOSHUA RUTKOFF:** THEREFORE, THE POSITION OF SEIU LOCAL 660 IS
9 TO SUPPORT THE MOTION PUT FORWARD BY SUPERVISOR MOLINA AND
10 SUPERVISOR BURKE TODAY.

11

12 **SUP. MOLINA, CHAIR:** THANK YOU, SIR. NEXT WE HAVE RITA HART,
13 ROSALIO MUNOZ AND KATHERINE KEFKOWITZ. MR. HERU.

14

15 **SHABAKA HERU:** MY NAME IS SHABAKA HERU. I REPRESENT THE SOCIETY
16 FOR POSITIVE ACTION. A THOUSAND YEARS AGO WHEN ST. JOHN OF
17 JERUSALEM SET UP THE HOSPITALERS, THE FORERUNNERS OF THE
18 HOSPITALS OF TODAY, DURING THE TIME OF THE CRUSADES, THEY WERE
19 SET UP TO HELP EVERYBODY. THEY HELPED PEOPLE THAT WERE ON BOTH
20 SIDES OF THE CRUSADES. TODAY, WE HAVE CHANGED THE HOSPITALS TO
21 WHERE YOU HAVE TO HAVE INSURANCE, YOU HAVE TO HAVE
22 TRANSPORTATION, YOU HAVE TO HAVE-- LIVE IN THE RIGHT
23 COMMUNITY. IT'S ALL A SHAMBLES. THE "L.A. TIMES" HAS A HIDDEN
24 AGENDA. I DIDN'T REALIZE KING WAS AS BAD AS IT WAS UNTIL I
25 READ IT IN THE "L.A. TIMES". I SAW MR. ANTONOVICH SHOW A LOT



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1 OF SENSITIVITY TO A BLACK AND WHITE RABBIT. I HOPE THAT THE
2 BOARD WILL SHOW AS MUCH SENSITIVITY TO US. [APPLAUSE]

3

4 **SUP. MOLINA, CHAIR:** MISS HART. COULD I ASK THE DEPUTIES TO
5 HELP US WITH SOME OF THE PEOPLE WHO ARE CLAPPING? IT JUST
6 WOULD FACILITATE THE PROCESS. MISS HART. NOT HERE? ALL RIGHT.
7 ROSALIO.

8

9 **ROSALIO MUNOZ:** ROSALIO MUNOZ. I'M THE DISTRICT ORGANIZER FOR
10 THE COMMUNIST PARTY U.S.A. SOUTHERN CALIFORNIA. AND THERE'S
11 NOT MUCH TIME FOR ANYTHING BUT SLOGANS, I GUESS. I THINK THAT
12 THE SUPERVISORS' POLICIES HAVE BEEN TOO MUCH DRIVEN BY
13 CORPORATE GREED RATHER THAN THE COMMUNITY'S NEED. I THINK IF
14 YOU-- I THINK THAT IT'S NOT THE PUBLIC FACILITIES THAT ARE
15 REALLY FAILING THE PEOPLE, IT'S THE PRIVATE INDUSTRY AND ITS
16 GREED THAT HAVE LEFT THAT COMMUNITY. WHEN THEY SHOW THE SO-
17 CALLED SPA 6 AREA AND ALL THE PLACES PEOPLE WENT, THERE
18 WEREN'T ANY PRIVATE HOSPITALS IN THE SPA 6 AREA IN THE
19 WATTS/WILLOWBROOK AREA. THEY'VE GONE AWAY. NOW THEY'RE SAYING,
20 WHO DO WE WANT TO CUT? WELL, THE ONES THAT HAVE FUNDING. THE
21 CHILDREN HAVE A LITTLE BIT MORE INSURANCE THAN THE ADULTS, SO
22 LET'S SEND THE CHILDREN OFF TO THE PRIVATE FACILITIES OUT OF
23 THE COMMUNITY. YOU KNOW, WHEN I READ ABOUT THESE PROPOSALS FOR
24 KING DREW, I ALSO READ IN THE PAPER THAT DAY OF HOW, IN SOUTH
25 PASADENA, THEY WANT TO GET THE FREEWAY THROUGH. ALMOST MY



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1 WHOLE ADULT LIFE THEY HAVE. NOW THEY'RE PROPOSING GOING
2 UNDERNEATH SOUTH PASADENA. THERE'S THE POLITICAL WILL TO DO
3 THAT. WHY ISN'T THERE THE POLITICAL WILL TO HAVE A
4 COMPREHENSIVE HEALTHCARE CENTER FOR THE BLACK AND BROWN PEOPLE
5 IN THE WATTS, WILLOW BROOK AND ALL OF SPA 6?

6

7 **SUP. MOLINA, CHAIR:** THANK YOU, MR. MUNOZ. COULD WE HAVE
8 ANTHONY WAYNE FORD JOIN US. LAWRENCE P. REYES AND TRACY
9 LARKINS JOIN US. MISS LEFKOWITZ.

10

11 **CATHERINE LEFKOWITZ:** I'M A REGISTERED NURSE AT KING DREW
12 MEDICAL CENTER. WE HAVE MADE GREAT STRIDES IN IMPROVING OUR
13 SERVICE TO THIS COMMUNITY. THE PERFORMANCE INDICATORS FOR
14 NURSING HAVE SHOWN THAT WE HAVE MET A HUNDRED PERCENT OF THE
15 PERFORMANCE EXPECTATIONS IN MANY AREAS. WE FEEL A GREAT
16 RESPONSIBILITY IN KEEPING THIS HOSPITAL A VIABLE COUNTY HEALTH
17 PROVIDER FOR THIS REGION. DR. GARTHWAITE'S REPORT HAS
18 UNDERESTIMATED THE TERRIBLE CONSEQUENCES OF CLOSING IN-
19 HOSPITAL SERVICES TO WOMEN AND CHILDREN. I WORK IN PEDIATRICS.
20 AS AN EXAMPLE, THE CLOSING OF OUR PEDIATRIC INTENSIVE CARE
21 UNIT HAS CREATED SERIOUS DIFFICULTIES IN OUR ABILITY TO
22 PROPERLY SERVE OUR PATIENTS NOW. I CAN REPORT SEVERAL
23 INSTANCES IN WHICH OUR CHILDREN'S CONDITIONS WORSENERED, ONLY TO
24 HAVE THEM ADMITTED TO OUR ADULT I.C.U. WHILE THEY WAITED HOURS
25 FOR AN AVAILABLE PEDIATRIC ICU BED ELSEWHERE. THESE SITUATIONS



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1 CREATED EXTRA STRESSORS AND POTENTIAL RISKS TO THE HEALTH AND
2 WELFARE OF OUR PATIENTS AND THEIR FAMILIES. DR. GARTHWAITE'S
3 REPORT IS CORRECT IN ASSESSING THE NEED TO EXPAND OUTPATIENT
4 SERVICES, ESPECIALLY PEDIATRICS BUT WHAT WOULD BE THE SENSE IN
5 HAVING A CLINIC RECOMMEND A HOSPITAL STAY FOR YOUR CHILD IN
6 WHICH YOU HAVE TO WAIT HOURS TO FIND AN AVAILABLE BED IN SOME
7 HOSPITAL SOMEWHERE OF WHICH YOU HAVE NO FAMILIARITY WITH BUT
8 WE HAVE KING DREW HERE?

9

10 **SUP. MOLINA, CHAIR:** THANK YOU. MR. FORD.

11

12 **MR. FORD:** YES. I'M HERE TO TALK ABOUT ACCOUNTABILITY. I ASK
13 THE BOARD, WILL YOU HOLD YOURSELF ACCOUNTABLE BY CLOSING OF
14 THIS HOSPITAL FOR OUR CHILDREN, OUR SENIORS AND THE PUBLIC? WE
15 ALL KNOW THE STAR FISH STORY. KING DREW IS A BIG STAR FISH
16 THAT NEEDS TO BE THROWN BACK INTO THE WATER SO IT CAN BREATHE
17 LIFE AGAIN. OR I ASK YOU THIS QUESTION, WHERE WAS THE
18 ACCOUNTABILITY WHEN THE U.C.L.A. MEDICAL CENTER WAS CUTTING UP
19 BODY PARTS TO MAKE A PROFIT? WAS THERE ANY ACCOUNTABILITY
20 THERE? I CHALLENGE EACH AND EVERY ONE OF YOU TO LOOK AT
21 YOURSELF AND THINK ABOUT OUR CHILDREN. THANK YOU VERY MUCH.

22

23 **SUP. MOLINA, CHAIR:** THANK YOU. IS MISS LARKINS HERE? PLEASE
24 JOIN US. IF WE COULD HAVE KEI UTSUMI AND D. J. KHALIQ. MR.
25 REYES.



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1

2 **LAWRENCE P. REYES:** THANK YOU. I SUPPORT YOUR PROPOSAL AND I
3 ALSO SUPPORT MY SUPERVISOR'S PROPOSAL. I THINK ONE WAY THAT
4 YOU GET RID OF A PEOPLE, ONE WAY OF ETHNIC CLEANSING OF PEOPLE
5 OUT OF A COMMUNITY, IS BY CLOSING DOWN THE PLACE WHERE THEY
6 CAN GET WELL AND WHERE THEY CAN BE TAKEN CARE OF. NOW, THE
7 OTHER WAY, THAT, ONCE YOU GET RID OF THE PEOPLE OUT OF A
8 COMMUNITY, THEN, YOU KNOW, YOU CAN START GENTRIFYING THE
9 COMMUNITY. NOW, THAT'S NOT BEING SPOKEN OF, BUT I BELIEVE
10 THAT'S ONE OF THE MAIN THRUSTS OF REBUILD L.A. AND ALSO THE
11 TARGET OF KING DREW, IS TO GENTRIFY THE COMMUNITY, IS TO BRING
12 BACK PEOPLE WHO LEFT THE COMMUNITY. NOW, THAT'S-- I'M VERY SAD
13 TO SAY THAT AND I'M VERY SAD TO HEAR ZEV PROPOSE A COUNTER
14 PROPOSAL TO MS. MOLINA'S AND MS. BURKE'S MOTION, BECAUSE I
15 ALWAYS HAD A LOT OF RESPECT FOR YOU. NOW I THINK YOU SHOULD
16 DEFINITELY GET RID OF THIS GUY. I MEAN, THIS GUY OBVIOUSLY IS
17 NOT ROOTED IN THE COMMUNITY, DOES NOT UNDERSTAND THE COMMUNITY
18 AND DOESN'T CARE FOR THE COMMUNITY, SO YOU NEED TO GET RID OF
19 HIM.

20

21 **SUP. MOLINA, CHAIR:** THANK YOU, MR. REYES. TRACY?

22

23 **TRACY LARKINS:** HI. TRACY LARKINS. I HEAR THAT YOU'RE
24 RECOMMENDING THAT PRIVATIZATION NOT AT THIS TIME. I WOULD
25 SUGGEST THAT PRIVATIZATION HAS ALREADY BEGUN WHEN YOU HIRED



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1 NAVIGANT AND PROBABLY BEFORE. FOR \$14 MILLION, NAVIGANT IS A
2 PUBLICLY TRADED WALL STREET CORPORATION, SO THE PROFITS COME
3 FROM THE TAXPAYERS, WHICH SHOULD BE SPENT ON THE PEOPLE OF
4 THIS COMMUNITY AND IN WATTS AND ON THE HEALTHCARE OF THE
5 PEOPLE IN WATTS AND NOT ON THE PROFITS OF PEOPLE THAT HAPPEN
6 TO OWN STOCK IN NAVIGANT. THAT IS PRIVATIZATION RIGHT THERE.
7 YOU CAN'T PRIVATIZE A HOSPITAL AND SAVE IT BECAUSE THERE'S NO
8 ROOM FOR PROFITS IN A SAVED HOSPITAL. A SAVED HOSPITAL IS
9 TREATING THE PATIENTS WITH THE FUNDING THAT'S COMING FROM THE
10 TAXPAYERS INSTEAD OF LETTING THAT MONEY GO OFF TO WALL STREET
11 AND INTO EXECUTIVE SALARIES THAT ARE TRAVELING-- WHITE MEN
12 EXECUTIVES TRAVELING BACK AND FORTH ACROSS THE COUNTRY TO
13 MANAGE A PRIMARILY BLACK AND LATINO HOSPITAL. SO WHY? HOW CAN
14 YOU NOT CONSIDER THIS THE MOST RACIST SITUATION THAT WE HAVE
15 HERE? IT IS JUST-- IT'S-- IT'S-- IT'S SO TRANSPARENT! AND IF
16 YOU HAVE...

17

18 **SUP. MOLINA, CHAIR:** THANK YOU.

19

20 **TRACY LARKINS:** YOU HAVE THE "L.A. TIMES" IN COERCION WITH
21 YOU...

22

23 **SUP. MOLINA, CHAIR:** MISS LARKINS, YOUR TIME IS UP.

24

25 **TRACY LARKINS:** COLLUSION.



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1

2 **SUP. MOLINA, CHAIR:** MR. UTSUMI.

3

4 **KEI UTSUMI:** DR. GARTHWAITE NEEDS TO BE DISMISSED. MONTHS AGO,
5 HE RECOMMENDING CLOSING THE TRAUMA CENTER TO SAVE THE REST OF
6 THE HOSPITAL. NOW HE WANTS TO FURTHER CLOSE INPATIENT
7 PEDIATRIC, INPATIENT AND OUTPATIENT O.B., OBSTETRIC SERVICES
8 AND-- AS PART OF DOWNSIZING AND PRIVATIZING. DR. GARTHWAITE
9 NEEDS TO BE DISMISSED BECAUSE MUCH OF HIS RECOMMENDATIONS IN
10 HIS AUGUST 5TH REPORT COMPLETELY IGNORED THE NOVEMBER 15TH
11 MASS DEMONSTRATION OF THOUSANDS IN THE COMMUNITY WHERE
12 COMMENTS OF MANY KING DREW STAFF, COMMUNITY MEMBERS AND EX-
13 PATIENTS, GOOD COMMENTS OF GOOD SERVICES WERE IGNORED. THE
14 BIASED AND SLANTED LONG-RUNNING SERIES OF ATTACK BY THE "L.A.
15 TIMES" IS THE REASON FOR THE SHORTAGE OF NURSES, WHY THEY
16 DON'T WANT TO APPLY. HOW MANY SHORTAGE OF NURSE DO WE STILL
17 HAVE UNDER YOUR LEADERSHIP, DR. GARTHWAITE? HOW COME YOU
18 COULDN'T RESOLVE THAT PROBLEM? THAT'S A FUNDAMENTAL PROBLEM!!
19 QUIT DIVERTING THE ISSUES!!

20

21 **SUP. MOLINA, CHAIR:** THANK YOU, MR. UTSUMI. [APPLAUSE]

22

23 **SUP. MOLINA, CHAIR:** WE HAVE MR.-- R. HART. PLEASE. R. HART,
24 DR. LIAM CHEN AND JOSEPH ISRAEL. MR. KHALIQ.

25



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1 **D. J. KHALIQ:** GREETINGS. THANK YOU FOR YOUR TIME. BEFORE ANY
2 ACTION IS TAKEN, THE COUNTY BOARD OF SUPERVISORS AND THE
3 DEPARTMENT OF HEALTH SERVICES SHOULD DO AN IMPACT STUDY TO
4 DETERMINE WHAT EFFECT THE DOWNSIZING, THE CLOSING OF KING DREW
5 MEDICAL CENTER WOULD HAVE ON THE COMMUNITY RESIDENTS AND THE
6 HEALTHCARE SYSTEM AS A WHOLE. SECONDLY, YOU SHOULD FIRE
7 GARTHWAITE. NEXT, YOU SHOULD ESTABLISH A SATELLITE OFFICE AT
8 KING DREW MEDICAL CENTER TO MONITOR THE PROGRESS OF THE
9 PROGRAMS, INTERVIEW EMPLOYEES AND ENSURE THAT THE GOOD WORKING
10 ORDER OF ALL PROGRAMS. DEPARTMENT OF HEALTH SERVICES SHOULD
11 WORK WITH LOCAL COLLEGES AND JUNIOR COLLEGES THROUGH
12 INSTITUTING A NURSES' TRAINING PROGRAM. NUMBER 5, MAKE A
13 PRIORITY OF THE FUNDING OF THE EARTHQUAKE RETROFITTING
14 PROJECTS AND ENSURE ALL BUILDINGS AND INFRASTRUCTURE BE
15 BROUGHT UP TO CODE. BEFORE ANY ACTION IS TAKEN, COUNTY BOARD
16 OF SUPERVISORS AND DEPARTMENT OF HEALTH SERVICES SHOULD DO ALL
17 IN THEIR POWER TO REOPEN THE TRAUMA CENTER AND RESTORE KING
18 DREW TO FULL COMPREHENSIVE HOSPITAL STATUS. THANK YOU.

19

20 **SUP. MOLINA, CHAIR:** THANK YOU. R. HART. NO? DR. LEANNE CHEN.

21

22 **DR. LEANNE CHEN:** DR. LEANNE CHEN. I'M ONE OF THE PSYCHIATRY
23 RESIDENTS AT KING DREW MEDICAL CENTER AND ALSO A
24 REPRESENTATIVE OF THE COMMUNITY OF INTERNS AND RESIDENTS. I
25 JUST WANTED TO REMIND THE BOARD OF SUPERVISORS, I KNOW YOU



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1 HAVE A VERY IMPORTANT DECISION TO MAKE BUT BECAUSE I'M HUMBLLED
2 EVERY DAY BY MY PATIENTS WHO HAVE TO GO THROUGH A LOT OF
3 HARDSHIP JUST TO GET MEDICAL CARE AND I INVITE YOU TO, BEFORE
4 YOU MAKE ANY DECISIONS, TO COME LIVE IN OUR COMMUNITY WITHOUT
5 YOUR SHIRT AND TIES, WITHOUT YOUR INCOME, WITHOUT YOUR
6 INSURANCE AND WITHOUT YOUR CAR AND THEN THE DECISION WILL BE
7 VERY EASY. THANK YOU. [CHEERS AND APPLAUSE]

8

9 **SUP. MOLINA, CHAIR:** MR. ISRAEL.

10

11 **JOSEPH ISRAEL:** MY NAME IS JOSEPH ISRAEL. I USED TO WORK AT
12 MARTIN LUTHER KING HOSPITAL IN THE OPERATING ROOM ON THE NIGHT
13 SHIFT. MY THOUGHTS ARE THAT THE DESTRUCTION OF THE HOSPITAL
14 HAPPENED-- WERE BEGINNING TO HAPPEN A LONG, LONG TIME AGO,
15 BACK IN 1991, '92, IN THAT TIME FRAME WHEN I WAS WORKING
16 THERE. EVEN PRIOR TO MY ARRIVAL, THEY HAD MOVED THE BLOOD BANK
17 OVER TO THE SITE BUILDING OF CENTRAL SERVICES WAS CLOSED AT
18 11:00 AT NIGHT, THERE WAS NO SOCIAL WORKER THAT WORKED ON OUR
19 SHIFT. I BROUGHT UP THESE ISSUES BACK AT THE TIME WHEN MY
20 CONGRESS PERSON, DIANE WATSON, WAS A SENATOR. AND, BEFORE
21 THAT, SHE WAS IN CHARGE OF COMMITTEE ON HEALTH. RETALIATION
22 OCCURRED FOR BRINGING UP THESE ISSUES. I STILL THINK THAT THE
23 BLOOD BANK SHOULD BE BROUGHT BACK OVER ACROSS THE HALL FROM
24 THE OPERATING ROOM WHERE IT WAS. CENTRAL SERVICES SHOULD BE
25 OPEN ON THE 11-7 SHIFT AND THERE SHOULD BE SOCIAL WORKERS ON



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1 THE 11:00 TO 7:00 SHIFT. THAT'S JUST SOME BASIC THINGS THAT A
2 GOOD HOSPITAL WOULD BEGIN TO DO. THAT'S ALL I HAVE TO SAY.

3

4 **SUP. MOLINA, CHAIR:** THANK YOU. NEXT, WE HAVE BARRY WEISS, G.
5 JOANNE SMITH, GERALDINE DENIM AND JEANNIE WASHINGTON. IF
6 THEY'D JOIN US, PLEASE. HOW ABOUT FRAN JEMMOTT? MR. WEISS?

7

8 **BARRY WEISS:** YES. GOOD AFTERNOON, LADIES AND GENTLEMEN. MY
9 NAME IS BARRY WEISS. I'M HERE TODAY REPRESENTING THE
10 INTERRELIGIOUS COMMUNITIES UNITED FOR JUSTICE AND PEACE. I
11 LIVE IN ENCINO, I'M AN ATTORNEY WITH HEALTHCARE CLIENTS, I
12 PRACTICED LAW, I'VE PRACTICED LAW IN CENTURY CITY FOR
13 APPROXIMATELY 20 YEARS AND, IN CASE YOU HAVEN'T NOTICED, I AM
14 AN OLD, WHITE MALE. SO WHAT DO I HAVE TO DO WITH THE KING DREW
15 HOSPITAL IN SOUTH LOS ANGELES? I'M HERE TODAY TO TELL YOU THAT
16 MY COMMUNITY SUPPORTS KING DREW AS A FULL SERVICE MEDICAL
17 CENTER FOR OUR BROTHERS AND SISTERS IN SOUTH LOS ANGELES AS A
18 MATTER OF WHAT IS JUSTICE AND WHAT IS RIGHT. I'M NOT GOING TO
19 GO OVER WHAT MANY OF THE REST OF YOU HAVE SAID. I WANT TO ADD
20 THIS, THOUGH. I WANT YOU TO KNOW THAT WEST SIDE PROGRESSIVES
21 WILL STAND TOGETHER WITH OUR BROTHERS AND SISTERS IN SOUTH LOS
22 ANGELES ON THIS ISSUE. WE RECENTLY ORGANIZED TO ELECT A
23 COUNCIL PERSON, TO HELP ELECT A MAYOR AND TO ASSIST HOTEL
24 WORKERS SUCCESSFULLY RESIST MULTINATIONAL HOTEL CORPORATIONS
25 IN THEIR STRUGGLE. WE'RE STAYING ORGANIZED. AND DR.



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1 GARTHWAITE, I'M GOING TO TAKE A LITTLE BIT OF THE HEAT AND
2 PLACE IT ELSEWHERE. WE'RE LOOKING AT THIS BOARD OF SUPERVISORS
3 AND PARTICULARLY YOU, SUPERVISOR YAROSLAVSKY. THIS WOULD NOT
4 HAPPEN IN WEST LOS ANGELES. YOUR MOTION IS A DISGRACE! THANK
5 YOU. [CHEERS AND APPLAUSE]

6

7 **SUP. MOLINA, CHAIR:** NEXT WE HAVE MISS SMITH.

8

9 **JOANNE SMITH:** YES. MY NAME IS JOANNE SMITH AND I AM A MEMBER
10 OF THE COMMUNITY. I JUST WANT TO LEAVE THIS WITH YOU, BOARD OF
11 SUPERVISORS. TAKE THIS HOME WITH YOU AND THINK ABOUT IT. WERE
12 YOU PARENTS OF A CHILD AND YOU HIRED A NANNY AND, SHORTLY
13 AFTER THE NANNY WAS HIRED, THE BABY'S BUTT BROKE OUT IN A
14 GREAT BIG RASH AND YOU ASKED THE NANNY, NUMBER ONE,
15 GARTHWAITE, WHAT'S WRONG WITH THE BABY? FIX IT. AND HE SAID
16 THROW HALF THE BABY OUT. THROW THE BUTT OUT. THEN YOU HAULED
17 OFF AND HIRED NAVIGANT TO FIX THE PROBLEM, BUT YOU STILL PAID
18 NANNY NUMBER 1 TO SUPERVISE NANNY NUMBER 2. YOU THINK ABOUT IT
19 AND YOU DECIDE WHETHER YOU NEED TO KEEP NANNY NUMBER 1 AND
20 NANNY NUMBER 2. KEEP KING. GET RID OF GARTHWAITE. AND WE WILL
21 NOT BE DIVIDED, THE BLACK AND BROWN IN THIS COMMUNITY. WE'RE
22 UNITED IN OUR FIGHT TO KEEP KING DREW AS A FULL COMPREHENSIVE
23 SERVICE HOSPITAL, AND WE ARE GOING TO STAND TOGETHER ON THAT.
24 THANK YOU SO MUCH FOR YOUR TIME. [APPLAUSE]

25



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1 **SUP. MOLINA, CHAIR:** THANK YOU. MISS DENIM.

2

3 **GERALDINE DENIM:** GOOD AFTERNOON. GERALDINE DENIM IS MY NAME. I
4 WAS BORN AND BRED IN WATTS. IT'S A SHAME THAT ONCE AGAIN THE
5 PEOPLE ARE BEFORE THE BOARD REGARDING KING DREW. FOR YOUR
6 INFORMATION, THE PRESIDENT OF VENEZUELA, A THIRD WORLD NATION,
7 HUGO CHAVEZ, CLEARLY UNDERSTANDS THE BEAUTY OF A PREGNANT
8 WOMAN AND THE POWER SHE EMBODIES BY GIVING LIFE AND THE NEED
9 TO PROVIDE ADEQUATE HEALTHCARE. THE BOARD ISSUED A
10 PRESENTATION THIS MORNING FOR PROTECTING THE KIDS. WELL, LET'S
11 PROTECT OUR CHILDREN. HEALTHCARE IS ESSENTIAL FOR MIND, SPIRIT
12 AND BODY. IN CLOSING, HE WHO IS NOT COURAGEOUS ENOUGH TO TAKE
13 RISK ACCOMPLISH NOTHING IN LIFE. MOHAMMED ALI. KEEP KING OPEN.

14

15 **SUP. MOLINA, CHAIR:** THANK YOU. MISS WASHINGTON. COULD WE ALSO
16 HAVE FRAN JEMMOTT.

17

18 **FRAN JEMMOTT:** I AM HERE.

19

20 **SUP. MOLINA, CHAIR:** OH, OKAY THEN THERE'S NO MISS WASHINGTON.
21 I APOLOGIZE. MARIA TOMAS, CELINA PASWAL AND MARCELINA TOMAS.
22 PLEASE JOIN US. THEY'RE NOT HERE. ALL RIGHT. EVERALDO SANTANA,
23 MR. SANTANA. GERARDO SANTANA, CANDIDO SANTANA, MARIA JOSEFINA
24 MEDINA. THESE PEOPLE HAVE LEFT? ANTONIA REYES. TIMOTHY



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1 WATKINS. SORRY. IS MR. WATKINS HERE? THANK YOU. JOSE ESCOBAR.

2 NELLE IVORY. DANIEL. ALL RIGHT. I APOLOGIZE, MISS JEMMOTT.

3

4 **FRAN JEMMOTT:** THAT'S ALL RIGHT. THANK YOU. I'M FRAN JEMMOTT,

5 I'M THE MANAGING DIRECTOR OF STRATEGIC CONCEPTS AND ORGANIZING

6 AND POLICY EDUCATION IN SOUTH LOS ANGELES. WE REPRESENT-- WE

7 ARE PART OF THE COALITION FOR HEALTH AND JUSTICE AND THAT IS A

8 COALITION OF MORE THAN 30 COMMUNITY-WIDE, COUNTY-WIDE

9 ORGANIZATIONS. WE'RE HERE TO SPEAK TODAY IN FAVOR OF YOUR

10 MOTION, SUPERVISOR MOLINA AND SUPERVISOR BURKE, AND WE THANK

11 YOU FOR THE ADDITIONAL TIME THAT THE MOTION WOULD PROVIDE TO

12 GIVE MORE THOUGHT TO THE RECOMMENDATIONS THAT HAVE BEEN PUT

13 BEFORE THIS BOARD. WE ARE DEEPLY CONCERNED ABOUT THE

14 CONDITIONS AT THE HOSPITAL. WE CERTAINLY WANT TO STAND IN

15 SOLIDARITY WITH OTHER COALITIONS IN THE COMMUNITY AND

16 RESIDENTS WHO HAVE SPOKEN ABOUT WHERE THEY PERCEIVE THE

17 HOSPITAL MOVING. WE THINK THE HOSPITAL ADVISORY BOARD HAS GOT

18 TO HAVE THE TIME TO DEVELOP RECOMMENDATIONS AND THAT

19 RECOMMENDATIONS DO NOT NEED TO COME FROM THE DEPARTMENT OF

20 HEALTH SERVICES TO THE COMMUNITY. WE THANK YOU FOR INCLUDING

21 COMMUNITY REPRESENTATIVES ON THAT HOSPITAL BOARD SO THAT YOU

22 CAN HAVE THOSE STAKEHOLDERS THAT YOUR MOTION ASKS FOR. THANK

23 YOU VERY MUCH AND WE DO WANT TO SUPPORT THE STATISTICS

24 PROVIDED BY LYNN KERSEY FROM MATERNAL AND CHILD ACCESS ON THE

25 RECOMMENDATIONS REGARDING PEDS AND OB/GYN. THANK YOU.



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1

2 **SUP. MOLINA, CHAIR:** MR. WATKINS, I APOLOGIZE. I COULDN'T READ
3 YOUR HANDWRITING.

4

5 **MR. WATKINS:** I JUST WANT TO KNOW WHERE IS THE RAGE THAT WE
6 CONTINUE TO WAIT FOR MONTHS TO COME HERE, TO WAIT FOR HOURS,
7 TO GET A CHANCE IN A MINUTE TO POUR OUT OUR SOULS AND TALK TO
8 YOU ABOUT WHAT WE ASK FOR IN OUR COMMUNITY. I ONLY ELECTED ONE
9 SUPERVISOR, AND I'VE ASKED THAT SUPERVISOR TO SUPPORT THE
10 EXPECTATIONS, THE DREAMS AND THE GOALS THAT ARE REPRESENTED,
11 THAT SHE REPRESENTS ON BEHALF OF HER CONSTITUENTS BUT I'M
12 SITTING BEFORE YOU WITHOUT ANY POWER TO VOTE, WITHOUT ANY
13 OPPORTUNITY TO ASK MR. KNABE, MR. ANTONOVICH, MR. YAROSLAVSKY
14 OR YOURSELF, CHAIRWOMAN, THAT WE ASK THAT YOU JOIN OUR
15 SUPERVISOR IN SUPPORTING THE FULL SERVICE COMPLEX IN WATTS
16 WILLOWBROOK. I AM ENRAGED ABOUT THE POVERTY IN OUR COMMUNITY
17 AND HOW POOR POLICY CONTINUES TO EXACERBATE AND PERPETUATE IT
18 AND I THINK THAT WE CAN ALL BE VERY CIVIL AND ORDERLY WHILE WE
19 QUIETLY CUT, SLASH AND BURN OUR ASSETS IN WATTS AND
20 WILLOWBROOK BUT I DON'T THINK THAT ENOUGH NOISE IS BEING MADE
21 AND IT'S TIME FOR PEOPLE TO REALLY BECOME ENRAGED.

22

23 **SUP. MOLINA, CHAIR:** THANK YOU, MR. WATKINS. MISS IVORY?

24



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1 **NELLE IVORY:** YES. I'M NELLE IVORY AND I'VE BEEN HERE EVER
2 SINCE 1945. FIRST THING I WANT TO SAY, I THINK YOU SHOULD GO,
3 DR. GARTHWAITE. HOWEVER, I WANT TO SAY THIS, I THINK ONE
4 MISTAKE I MADE IN MY LIFE, AND I DON'T REGRET IT, IS READING
5 THE NAZI RISE TO POWER, THE NAZI'S RISE TO POWER AND I SEE
6 THIS WHOLE REGIME TAKEN BACK TIMING AND STRATEGY TO DESTROY
7 US, THE SOUTH, ESPECIALLY THE SOUTH CENTRAL LOS ANGELES AND
8 THE HOSPITAL. IF YOU DON'T BELIEVE IT, READ THE BOOK AND I'M
9 ENRAGED, MAD, ANGRY, WHATEVER YOU CAN SAY. ALL OF THESE
10 BABIES, THE YOUNG PEOPLE-- I'M A OLD LADY. DOESN'T MATTER TOO
11 MUCH ABOUT ME. GONNA DIE. BECAUSE Y'ALL DECIDED YOU'RE GOING
12 TO REMOVE ALL THE MEDICAL SERVICE AND THINGS THEY NEED. KING
13 DREW HOSPITAL SHOULD BE BACK WHERE IT WAS WHEN IT STARTED. DO
14 WE HAVE TO CREATE ANOTHER RIOT TO GET IT?! AND I SAY, IF
15 YOU'RE NOT WILLING TO DIE FOR SOMETHING, YOU'RE ABOUT NOTHING.
16 I'M ENRAGED! I'M ENRAGED AND IT'S NOT RIGHT WHAT Y'ALL ARE
17 DOING TO US AND I STILL SAY YOU'RE FOLLOWING THE TIME AND THE
18 STRATEGY OF THIS BOOK. READ IT!

19

20 **SUP. MOLINA, CHAIR:** THANK YOU. COULD WE ALSO ASK KHARIS
21 CATCHINGS TO JOIN US, EDWARD A. ALEXANDER AND SHAWN MCDUGAN.
22 DANIEL.

23

24 **DANIEL:** GOOD AFTERNOON. I'M PLEASED TO BE HERE. I AM NOT
25 ENRAGED. I HAVE HISTORY ON MY SIDE THAT THERE WAS ONCE A



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1 PEOPLE WHO WERE REQUIRED TO MAKE BRICKS WITHOUT STRAW AND IT
2 ENRAGED THE CREATOR TO SUCH A POINT THAT HE HARDENED THE HEART
3 OF THEIR DICTATOR AND EVENTUALLY HE WAS DROWNED IN THE RED
4 SEA. WE WANT TO THINK ABOUT THAT AS WE DEPRIVE PEOPLE OF
5 HEALTHCARE GUARANTEED UNDER THE CONSTITUTION OF THE UNITED
6 STATES. DEMOCRACY REQUIRES BOTH ETHICS AND INTEGRITY. WE KNOW
7 THAT PHARAOH MUST HAVE HAD ADVISORS. BE CAREFUL OF YOUR
8 ADVISORS. THANK YOU.

9

10 **SUP. MOLINA, CHAIR:** THANK YOU. MR. CATCHINGS.

11

12 **KHARIS CATCHINGS:** GOOD AFTERNOON. I WAS NOT HERE IN '65, I WAS
13 HERE IN '92 AND IT APPALLS ME THAT WE'RE STILL TALKING ABOUT
14 THE SAME ISSUES THAT OCCURRED TO US 40 YEARS AGO. IT'S JUST
15 UNACCEPTABLE. YOU KNOW, IF YOU'RE GOING TO DESTROY A
16 COMMUNITY, WHY EVEN WASTE OUR TIME BRINGING US HERE? YOU CAN
17 RESOLVE THE ISSUE, YOU CAN GIVE THE PEOPLE WHAT THEY NEED,
18 WHAT THEY WANT, GIVE THEM HOPE OR YOU CAN, YOU KNOW, DESTROY
19 IT AND GO ABOUT YOUR WAY. BUT, AT SOME POINT IN TIME, THE
20 ISSUE WILL BE ON YOUR FRONT DOOR AND YOU CAN NO LONGER DENY
21 THAT THERE'S AN ELEPHANT IN YOUR HOUSE. YOU CAN'T, YOU KNOW,
22 WALK AROUND IT, YOU CAN'T HIDE FROM IT, IT'S THERE. LOS
23 ANGELES IS A DYNAMIC PLACE AND IT SHOULD CONTINUE TO DO SO BUT
24 DECISIONS LIKE THESE WILL KILL US ALL, IF NOT TODAY, IF NOT
25 TOMORROW, SOME DAY IN THE VERY NEAR FUTURE, WILL KILL US ALL



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1 AND WE, AS A PEOPLE, ELECTED CITIZENS OR NOT, SHOULD DO
2 BETTER. WE SHOULD DO BETTER. THANK YOU.

3

4 **SUP. MOLINA, CHAIR:** THANK YOU, SIR. COULD I ASK ADELE CANNON
5 TO JOIN US, ANNA SHAVIN, ELIZABETH VAQUERO, VALENTINE FRIAS,
6 ELISA AVINE, BONIFACIO REYES LOPEZ. MR. ALEXANDER? MR.
7 MCDUGAN. GO AHEAD.

8

9 **SHAWN MCDUGAN:** THANK YOU. MY NAME IS SHAWN MCDUGAN. I'M A MATH
10 TEACHER AND COMMUNITY ORGANIZER IN PASADENA. I DON'T KNOW
11 WHERE YOU, MR. ANTONOVICH, STANDS ON THE PROPOSAL TO DELAY THE
12 DECISION BUT I HOPE YOU'LL STAND WITH GLORIA MOLINA AND YVONNE
13 BURKE IN GIVING TIME FOR THE COMMUNITY THAT'S MOST AFFECTED BY
14 THIS ISSUE TO REALLY HAVE A SAY IN HOW THE CLOSING OR THE
15 RESTRUCTURING OF THE HOSPITAL WILL AFFECT THEM AND SO I REALLY
16 SUPPORT YOU IN SUPPORTING YVONNE BURKE'S AND GLORIA MOLINA'S
17 POSITION. I JUST WANTED TO SAY THAT, YOU KNOW, MARK TWAIN
18 FAMOUSLY SAID THAT THERE'S LIES, THERE'S DAMN LIES, AND THEN
19 THERE'S STATISTICS. AND MR. GARTHWAITE'S PRESENTATION MADE ME
20 THINK OF MARK TWAIN'S QUOTE. ONE OF THE MOST ASTOUNDING PIECES
21 OF SO-CALLED DATA HE GAVE US, 95% OF BIRTHS IN SPA 6 HAPPEN AT
22 OTHER HOSPITALS. WELL, THERE'S TWO WAYS, AT LEAST, THAT THAT
23 DATA IS TOTALLY SPURIOUS AND IT MAKES ME QUESTION YOUR
24 PROFESIONALITY. ONE IS, HOW MANY HOSPITALS ARE YOU COMPARING
25 KING DREW TO? SO WHAT DOES IT MEAN TO SAY 95% OF BIRTHS HAPPEN



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1 AT OTHER HOSPITALS? HOW MANY OTHER HOSPITALS? 10 HOSPITALS? A
2 HUNDRED HOSPITALS? THAT DATA IS MEANINGLESS. SECONDLY, SPA 6
3 IS A HUGE REGION THAT ISN'T ABOUT THE NEIGHBORHOOD AROUND THE
4 HOSPITAL, IT'S NOT JUST WATTS, NOT JUST WILLOWBROOK. SPA 6 IS
5 A BUREAUCRATIC FICTION SO THAT YOU COULD EASILY SAY THAT, YOU
6 KNOW, ONLY ONE-HALF OF A PERCENT OF PEOPLE ARE TREATED AT KING
7 DREW WHO ARE IN CALIFORNIA. THAT'S MEANINGLESS DATA, RIGHT?
8 AND SO YOU DON'T COMPARE ONE HOSPITAL IN A NEIGHBORHOOD TO A
9 WHOLE REGION AND YOU DON'T-- YOU HAVE TO GIVE THE DATA ON HOW
10 MANY HOSPITALS YOU'RE LOOKING AT. OTHERWISE, YOUR CHARTS ARE
11 MEANINGLESS AND IT'S REALLY A PART OF THAT WHOLE PROCESS OF
12 LYING WITH NUMBERS. THANK YOU.

13

14 **SUP. MOLINA, CHAIR:** THANK YOU. MISS CANNON.

15

16 **ADELE M. CANNON:** YES. MY NAME IS ADELE CANNON. I'VE LIVED IN
17 SPA 6 FOR 47 YEARS. I'VE SEEN LOTS OF THINGS AND I'M NOT HERE
18 TO TALK ABOUT THEM BUT I WANT TO SAY, FIRST OF ALL, TO THE
19 SUPERVISORS, PLEASE, PLEASE, PLEASE THINK ABOUT IT, TERMINATE
20 DR. GARTHWAITE, IF THAT'S NECESSARY, BUY HIS CONTRACT OUT, DO
21 SOMETHING SO THAT WE GET SOME KIND OF LEADERSHIP FROM YOU ALL
22 TO US IN THE BOONDOCKS. WE NEED THAT HOSPITAL. THE STATISTIC
23 OF, WHAT WAS IT, SOMETHING TO 11 NEONATAL CHILDREN IN THE
24 HOSPITAL AT THIS TIME. I THINK THAT THE SUGGESTION OF CALLING-



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1 - YOU KNOW, CLOSING IT IS INCREDIBLE. THOSE 11 CHILDREN SHOULD
2 BE JUST PUT OUT IN THE TRASH? THAT'S ALL.

3

4 **SUP. MOLINA, CHAIR:** THANK YOU. MISS SHAVIN.

5

6 **ANNA SHAVIN:** YEAH. I'M WITH THE LAROUSSE POLITICAL ACTION
7 COMMITTEE AND WHAT WE'RE HERE TO DO IS ACTUALLY CREATE A
8 MOVEMENT IN THIS NATION BECAUSE, IF YOU LOOK AT WHAT GEORGE
9 BUSH AND CHENEY ARE DOING, I MEAN, GARTHWAITE IS SIMPLY A
10 SMALL LACKEY OF THIS ADMINISTRATION. THAT'S IT. AND WHAT THESE
11 GUYS ARE COMMITTED TO DOING IS CUTTING EVERYTHING: V.A.
12 HOSPITALS, MILITARY BASES, HOSPITALS ACROSS THE NATION AND
13 WHAT WE OUGHT TO DO IS CREATE A MOVEMENT IN THE SENATE TO
14 FIGHT AT THE HIGHEST LEVEL, BECAUSE WHATEVER WE DO IN WATTS IS
15 GOING TO BE REVERBERATED THERE BUT IT HAS TO BE AT THE HIGHEST
16 LEVEL. PEOPLE HAVE TO UNDERSTAND THAT THIS IS FASCISM AND
17 NOTHING LESS. THIS IS GENOCIDE. AND, UNLESS WE DO SOMETHING
18 NOW, WHAT YOU'RE GOING TO HAVE IS A NEW GUNS OF AUGUST, WHICH
19 IS LAROCHE PUTTING THIS OUT IN HIS STATEMENT, GOING THROUGH
20 DICK CHENEY'S MASS INSANITY. THEY'RE TRYING TO NUKE IRAN RIGHT
21 NOW. WHAT DO YOU THINK NATIONS ARE GOING TO LOOK LIKE AFTER
22 THAT? SO THIS IS WHAT SHOULD BE DISCUSSED ON THE TABLE. AND,
23 LIKE I SAID, GARTHWAITE IS NOT REALLY WORTH MUCH OF OUR TIME.
24 HE'S A VERY SMALL, YOU KNOW, PEON OF THE HIERARCHY OF THE
25 FASCIST ADMINISTRATION. THANK YOU.



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1

2 **SUP. MOLINA, CHAIR:** THANK YOU. IF WE COULD HAVE REMEDIOS
3 ZAPATA...

4

5 **SUP. YAROSLAVSKY:** MADAM CHAIR, WHILE THEY'RE COMING UP, I
6 JUST, IF NOTHING ELSE CAN BE SAID ABOUT DR. GARTHWAITE, IT'S
7 THE FIRST TIME I'VE SEEN THE COMMUNIST PARTY OF THE UNITED
8 STATES AND THE LAROCHE PARTY UNITED. THAT TAKES SOME TALENT
9 TO DO THAT.

10

11 **SUP. MOLINA, CHAIR:** REMEDIOS ZAPATA, ADRIAN DOVE, GABRIEL
12 ALVAREZ, SHARON MARIE.

13

14 **SUP. YAROSLAVSKY:** MADAM CHAIR, IF I COULD JUST CLARIFY, THERE
15 WAS A GENTLEMAN WHO SPOKE HERE WHO IDENTIFIED HIMSELF AS THE
16 LEADER OR THE ORGANIZER OF THE LOCAL COMMUNIST PARTY. I'M NOT
17 SAYING YOU ARE ALL BUT THERE WAS A GENTLEMAN WHO CAME UP HERE,
18 I THINK HIS NAME WAS ROSALIO MUNOZ.

19

20 **SUP. MOLINA, CHAIR:** NICOLE JAMES, RENEE RACHAL, CHRISTOPHER
21 VENN. MR. DOVE.

22

23 **ADRIAN DOVE:** MY NAME IS ADRIAN DOVE. I'M CHAIRMAN OF THE
24 CONGRESS OF RACIAL EQUALITY OF CALIFORNIA, AND WE HAVE BEEN
25 INVOLVED IN THE STRUGGLE SINCE THE BEGINNING OF THE MOST



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1 RECENT PHASE. IT WAS ABOUT 2002, SHORTLY AFTER THE ARRIVAL OF
2 MR. GARTHWAITE, THAT GARY WELLS, HIS FINANCIAL MAN, DISCOVERED
3 A 800 MILLION-PLUS SHORTFALL, OF WHICH A PORTION, AROUND A
4 HUNDRED MILLION OR MORE, WE NEVER FOUND OUT EXACTLY HOW MUCH,
5 WAS ATTRIBUTED TO KING DREW. AS A RESULT, THERE WERE 175
6 PEOPLE CASTIGATED, I GUESS THAT LANGUAGE MEANS THEY WERE
7 FIRED, AND, OF THAT 175, 150 WERE NURSES. THAT'S A FUNDAMENTAL
8 PROBLEM THAT HAS NEVER BEEN RECOVERED FROM. WE HAVE TRAVELING
9 NURSES SINCE THAT TIME AND WE'VE HAD LYNN BAR, WE'VE HAD--
10 WE'VE HAD OTHER COMPANIES AND NOW WE'VE GOT NAVIGANT AND EACH
11 TIME WE BLAME THAT COMPANY BUT MOST OF THESE PROBLEMS CAME
12 UNDER THE WATCH AND DURING THE RECEIVERSHIP OF THOMAS
13 GARTHWAITE AND FRED LEAF AND WE CALL FOR THE REMOVAL OF TOM
14 GARTHWAITE AND FRED LEAF BECAUSE, TO DO ONE WITHOUT THE OTHER,
15 WOULD STILL NOT SOLVE THE PROBLEM. [INTERJECTIONS]

16

17 **SUP. MOLINA, CHAIR:** THANK YOU. MR. ALVAREZ.

18

19 **GABRIEL ALVAREZ:** GOOD AFTERNOON. MY NAME IS GABRIEL ALVAREZ
20 AGAIN. I REPRESENT THE HISPANICS IN THE COMMUNITY. AND ONE OF
21 THE THINGS I WANT TO MENTION IS WE NEED SOMEBODY TO SPEAK OUR
22 LANGUAGE, TO KNOW OUR CULTURE AND THAT'S WHAT THE HOSPITAL
23 NEEDS. AT THE SAME TIME, WE NEED A BILINGUAL PERSONNEL IN THE
24 AREA, TOO, AND WE NEED THE HOSPITAL AND WE NEED THE SCHOOL AT
25 THE SAME TIME. THAT SCHOOL IS PRODUCING THE PEOPLE THAT KNOWS



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1 THE COMMUNITY AND THAT'S EXACTLY WHAT WE NEED OVER THERE IN
2 THAT COMMUNITY. ONE OF THE THINGS THAT I WANTED TO SPEAK TO
3 MR. GARTHWAITE, THAT HE'S DON'T FIT IN OUR COMMUNITY. WE DON'T
4 WANT HIM AT ALL AND WE'RE GOING TO TRY TO ORGANIZE HISPANICS
5 AND BLACK AMERICANS TO WORK TOGETHER AND THAT'S WHAT WE HAVE
6 TO DO TO DEMONSTRATE THE NEXT OCCASION WE COME OVER HERE AND
7 GET RID OF MR. WHITE ONCE AND FOR ALL. THE OTHER THING, TOO, I
8 WANT TO MENTION, IS SO MANY MILLIONS OF DOLLARS IS GOING TO
9 THE WAR. WE ARE KILLING A LOT OF HISPANICS IN THERE AND
10 KILLING OUR PEOPLE IN THIS COUNTRY THAT THEY DON'T HAVE NO
11 RIGHT TO BE IN THAT PART OF THE WORLD. ONE OF THE THINGS...

12

13 **SUP. MOLINA, CHAIR:** THANK YOU, MR. ALVAREZ. MISS MURRAY?

14

15 **NICOLE JAMES:** MY NAME IS NICOLE JAMES.

16

17 **SUP. MOLINA, CHAIR:** OKAY. MISS JAMES. ARE YOU MISS RACHEL?

18 OKAY. THANK YOU. GO AHEAD, MISS JAMES.

19

20 **NICOLE JAMES:** I WORK WITH LYNDON LAROCHE AND I'M A MEMBER OF
21 THE LOS ANGELES DEMOCRATIC CENTRAL COMMITTEE AND I DO
22 REPRESENT A MOVEMENT OF YOUNG PEOPLE WHO WILL BE REPLACING THE
23 FUTURE LEADERS OR THE LEADERS TODAY AND WE ARE INTERESTED IN
24 POLITICS PRECISELY BECAUSE THERE'S A LACK OF UNDERSTANDING
25 ABOUT ECONOMICS. IT'S NOT ONE INDIVIDUAL BUT TO PREMISE AN



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1 ENTIRE-- TO SHUT DOWN A HOSPITAL BECAUSE OF SO-CALLED LACK OF
2 RESOURCES OR TO CUT COSTS IS INSANE. IT'S A POLICY OF
3 INSANITY. BECAUSE WHAT YOU'RE ACTUALLY DOING IS INCREASING THE
4 COST TO YOUR SOCIETY. HOW MUCH IS IT GOING TO COST TO HAVE
5 SICKER PEOPLE, TO HAVE A LABOR FORCE THAT CAN'T WORK AS MUCH?
6 SO WHEN YOU TALK ABOUT COST AND YOU'RE TALKING ABOUT MONEY, IN
7 MONETARY TERMS, YOU'RE NOT SCRATCHING THE SURFACE ON WHAT AN
8 ECONOMIC POLICY IS AND THAT'S WHY SOME OF THIS STUFF HAS TO BE
9 APPROACHED TOP DOWN AND SO THAT'S ALL I HAD TO SAY.

10

11 **SUP. MOLINA, CHAIR:** THANK YOU. COULD WE HAVE CHRISTOPHER VENN,
12 DEWAYNE ANDERSON, GILBERT SALINAS AND BIG MONEY GRIFF JOIN US,
13 PLEASE. MORRIS GRIFFIN? DR. ERNEST SMITH. MISS RACHEL.

14

15 **RENEE RACHAL:** GOOD AFTERNOON, MADAM CHAIR AND BOARD MEMBERS.
16 I'M HERE REPRESENTING THE SINGLE MOTHERS AND THE CHILDREN. I,
17 MYSELF, WAS A SINGLE PARENT, HAD TWO CHRONIC ASTHMATIC
18 CHILDREN THAT, FROM TIME TO TIME, WHEN MY CAR BROKE DOWN, I
19 WAS ON THE BUS WITH THEM IN THE MIDDLE OF THE NIGHT, RUSHING
20 THEM TO THE EMERGENCY TO GET TREATMENT. I CAN'T IMAGINE HAVING
21 TO GO ANYWHERE ELSE. I CAN'T IMAGINE GOING TO HARBOR OR U.S.C.
22 PLEASE CONSIDER KEEPING THE HOSPITAL A COMPREHENSIVE MEDICAL
23 CENTER, EXACTLY WHAT THE MISSION WAS IN THE BEGINNING AFTER
24 THE RIOTS. DR. GARTHWAITE, IT SEEMS YOU HAVE NO CONSIDERATION
25 AND NO CONCERN FOR THE PEOPLE OF THE COMMUNITY. SPA 6,



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1 ACCORDING TO THE DIRECTORS OF L.A.D.H.S., IDENTIFIED SPA 6 AS
2 THE HOME OF THE SICKEST AND MOST DISADVANTAGED PEOPLE IN L.A.
3 COUNTY. THIS WAS OCTOBER 2ND, 2002.

4

5 **SUP. MOLINA, CHAIR:** THANK YOU, MISS RACHEL.

6

7 **RENEE RACHAL:** I HAVE ANOTHER MINUTE FOR FRANK...

8

9 **SUP. MOLINA, CHAIR:** I'M SORRY. WE HAVE TO LIMIT THE TESTIMONY
10 OF ALL THE FOLKS. MR. GRIFF.

11

12 **BIG MONEY GRIFF:** GOOD AFTERNOON, BOARD OF SUPERVISORS, MEMBER
13 OF THE BOARD, PEOPLE HERE TODAY. IN SHORT, I WOULD LIKE TO SAY
14 TO YOU, MR. GARTHWAITE, THAT EITHER YOU'RE PART OF THE PROBLEM
15 OR YOU'RE PART OF THE SOLUTION. AND HERE TODAY IT'S OBVIOUS
16 THAT YOU'RE PART OF THE PROBLEM. I ALSO WANT TO SAY THAT, OUT
17 OF THE RIOTS FROM 40 YEARS AGO, HERE WE ARE TRYING TO SAVE IT,
18 AND IT'S VERY UPSETTING TO KNOW THAT WE'RE IN THE PROCESS OF
19 DOWN-- WE HAVE DOWNSIZED AND PRIVATIZED OUR TRAUMA CENTER TO
20 THE POINT WHERE LIVES HAVE BEEN LOST. COMPTON, THIS YEAR, 55
21 PEOPLE HAVE LOST THEIR LIVES, INNOCENT PEOPLE HAVE LOST THEIR
22 LIVES. THEIR BLOOD IS ON YOUR HANDS, MR. GARTHWAITE, AND I'M
23 SORRY TO SIT HERE AND SAY THAT WE HAVE TO SIT UP HERE AND
24 CONTINUE TO DEAL WITH MR. GARTHWAITE KNOWING THAT WE'RE BEING
25 MISGUIDED. WE'RE ALSO CONCERNED ABOUT A COMPREHENSIVE



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1 HOSPITAL. WE'VE GOT TO HAVE A COMPREHENSIVE HOSPITAL. AND SO
2 MY QUESTION TO YOU IN THESE LAST SEVEN SECONDS IS THIS: DID
3 YOU HAVE TO DOWNSIZE AND PRIVATIZE THE TRAUMA CENTER IN ORDER
4 TO GIVE IT TO CALIFORNIA TO HAVE A VALUABLE TRAUMA CENTER? WE
5 FEEL THAT YOU DID NOT HAVE TO DOWNSIZE AND PRIVATIZE THIS
6 TRAUMA CENTER TO MAKE CALIFORNIA A LEGITIMATE TRAUMA CENTER.
7 THANK YOU.

8

9 **SUP. MOLINA, CHAIR:** MR. GRIFFIN.

10

11 **BIG MONEY GRIFF:** I'M GRIFF.

12

13 **SUP. MOLINA, CHAIR:** I'M SORRY? NO, THERE'S A MORRIS GRIFFIN.
14 NO?

15

16 **BIG MONEY GRIFF:** THAT'S ME. YOU KNOW THAT.

17

18 **SUP. MOLINA, CHAIR:** YOU SIGNED UP TWICE?

19

20 **BIG MONEY GRIFF:** ...14-1/2 YEARS, YOU DON'T REMEMBER ME?!

21

22 **SUP. MOLINA, CHAIR:** I KNOW, BUT, SIR, OKAY, THEN WE MISSED
23 SOMEBODY ELSE IN HERE WHO IS ALSO GRIFFIN. BIG MONEY GRIFF. I
24 KNOW BUT YOU SIGNED UP TWICE, SIR!

25



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1 **BIG MONEY GRIFF:** OH, NO. SOMEBODY MUST HAVE-- I GOT SOME
2 SUPPORTERS HERE.

3

4 **SUP. MOLINA, CHAIR:** I APOLOGIZE. I'M SORRY. YOU'VE GOT ONE
5 NAME ON ONE AND ONE NAME ON THE OTHER. OKAY. DR. SMITH.

6

7 **DR. ERNEST SMITH:** MARTIN LUTHER KING HAS ALWAYS HAD TWO GROUPS
8 WORKING FOR IT: STEWARDS AND STEVEDORES. THE STEWARDS HAVE
9 BEEN TRYING TO BUILD WHILE THE STEVEDORES KEEP UNPACKING. AND
10 SO THEY CAME AS GANG MEMBERS WHO ORGANIZED OUR CHILDREN, THEY
11 BROUGHT THE COCAINE AND DESTROYED OUR WOMEN, IT'S DESTROYING
12 OUR FAMILIES AND NOW THEY ARE MAKING THEIR LAST-DITCH EFFORT
13 TO DESTROY KING HOSPITAL. AND THE STEVEDORES INCLUDE
14 GARTHWAITE, INCLUDE NAVIGANT AND EVERYBODY ELSE. EVERY TIME
15 YOU HEAR FROM IT, THE STUPID STEVEDORES HAVE TAKEN ANOTHER
16 THING AWAY FROM THAT HOSPITAL TO SUCH A DEGREE NOW THAT YOU
17 CAN TALK ABOUT CLOSING IT. I REALLY TAKE UMBRAGE OVER THE FACT
18 THAT YOU DID NOT APPRECIATE COMMUNIST PARTY OR LAROCHE'S A
19 CHANCE TO SPEAK IN THE UNITED STATES AND EVEN THOUGH THEY
20 SPOKE TO THE POINT AND IN THE TRUTH. AND IT WOULD BE THE SAME
21 THING AS MANY PEOPLE WHO LOOK AT PEOPLE WHO HAPPEN TO BE
22 JEWISH WHO SEEM TO HAVE LED MUCH OF THE ATTACK AGAINST KING
23 HOSPITAL. SO I THINK WE HAVE TO BE CAREFUL WHEN WE BEGIN TO
24 TRY TO DEMONIZE ANY PARTICULAR GROUP AND TAKE A LITTLE BIT OF



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1 STATISTIC AND THEN MAKE A POINT. AS LONG AS THEY'RE RIGHTEOUS
2 AND SPEAK TO THE TRUTH, I THINK IT STANDS. [APPLAUSE]

3

4 **SUP. MOLINA, CHAIR:** SIR, ARE YOU MR. ANDERSON?

5

6 **DEWAYNE ANDERSON:** YES, MA'AM.

7

8 **SUP. MOLINA, CHAIR:** ALL RIGHT. BEFORE YOU SPEAK, CAN I ASK
9 LEONNETTE HILL, CAROL FRANCES LIFKINS, FRANKIE ROCHELLE, PAULA
10 SOLOMON. I DON'T MEAN TO BE DISRESPECTFUL BUT YOU CAN'T SIGN
11 UP TWICE. IT DOESN'T WORK THAT WAY. YOU ALREADY SPOKE ONCE,
12 MISS.

13

14 **SPEAKER:** (OFF-MIKE).

15

16 **SUP. MOLINA, CHAIR:** WELL, WE CAN'T DO THAT, EITHER, MA'AM. I'M
17 GOING TO MAKE THIS ONE EXCEPTION BUT IT WILL NOT BE ACCEPTED
18 AGAIN. PLEASE PROCEED. MR. ANDERSON.

19

20 **DEWAYNE ANDERSON:** LET ME EXPLAIN WHY I'M HERE. 2000, FOURTH OF
21 JULY, I WAS CAUGHT IN A GANG SHOOTOUT AND I WAS SHOT ABOUT
22 EIGHT TIMES. I WAS SENT TO THE TRAUMA UNIT AT KING DREW. THEY
23 PRETTY MUCH SAVED MY LIFE. WHEN I WAS THERE AS A PATIENT
24 INSIDE THE HOSPITAL, THAT'S WHEN I REALIZED WHAT I WANTED TO
25 DO. FROM THAT POINT ON, I GOT MYSELF IN SCHOOL, I WORK AS A



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1 T.A. FOR 96TH STREET ELEMENTARY SCHOOL, BEEN DOING THAT FOR
2 THE LAST THREE YEARS. IF IT WASN'T FOR THAT HOSPITAL, I DON'T
3 THINK I'D HAVE BEEN ABLE TO TEACH KIDS HOW TO READ, HOW TO DO
4 MATH. IT HAD A PROFOUND EFFECT IN THE COMMUNITY. DR.
5 GARTHWAITE'S RECOMMENDATION TO CLOSE DOWN THE PEDIATRICS,
6 OB/GYN, THAT WILL HAVE A RIPPLE EFFECT. THOSE ARE PEOPLE THAT
7 CAN BE SAVED, BE HELPED AND THOSE PEOPLE THAT SAVED CAN HELP
8 SOMEONE ELSE. KENNETH HAHN, HE LEFT A LEGACY, A LEGACY OF
9 DOING GOOD FOR OTHER PEOPLE. I'D JUST ASK THAT REST OF YOU DO
10 THE SAME THING. THANK YOU.

11

12 **SUP. MOLINA, CHAIR:** THANK YOU. MISS HILL.

13

14 **LEANNETTE HILL:** GOOD AFTERNOON, BOARD. AND I THINK THAT THE
15 FIRST ORDER OF BUSINESS AND EXCUSE, YOU KNOW, I MIGHT BE
16 SOUNDING VERY COMMON BUT IT JUST DOESN'T TAKE AN F.B.I. PROBE
17 OR A G.A.O. REPORT TO KNOW THAT KING DREW IS BEING UNDERMINED.
18 I DON'T KNOW WHERE IN THE WORLD WE'RE GETTING OFF TRYING TO
19 GET RID OF A MUCH-NEEDED HOSPITAL. THAT'S THE FIRST ORDER OF
20 BUSINESS. KEEP THE HOSPITAL COMPREHENSIVE, END OF STORY.
21 SECOND ORDER OF BUSINESS IS GETTING RID OF GARTHWAITE. WHETHER
22 HE LEAVES OR WE FIRE HIM, HE HAS TO GO. THIRD ORDER OF
23 BUSINESS, BOARD, AND I KNOW YOU ALL ARE VERY REASONABLY
24 INTELLIGENT TO KNOW THAT THIS WOULD HAVE A GENOCIDAL EFFECT,
25 AS I HAVE SAID BEFORE. WHEN WE CLOSE THE HOSPITAL, WHAT CAN WE



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1 DO TO EVEN MAKE MORE HOSPITALS IN THIS HEALTHCARE SYSTEM?
2 BECAUSE WE'RE LOOKING AT TERRORISM, WE'RE LOOKING AT T.B.,
3 WE'RE LOOKING AT THESE COMMUNICABLE DISEASES, A.I.D.S. WE NEED
4 MORE HEALTHCARE IN THE STATE OF CALIFORNIA, WE NEED MORE-- OUR
5 HEALTHCARE SYSTEM IS IN A CRISIS SITUATION AND I KNOW IT'S NOT
6 ONLY HERE. LIKE THE LAROCHE PEOPLE SAID, THE PRIVATIZATION,
7 THE BUSH AGENDA, THEY'RE HAND IN HAND AND THEY'RE TRYING TO
8 PRIVATIZE EVERYTHING FROM HOSPITALS TO JAILS. THANK YOU.

9

10 **SUP. MOLINA, CHAIR:** THANK YOU, MISS HILL. MISS LIFKINS.

11

12 **CAROL FRANCES LIFKINS:** YES. MY NAME IS CAROL FRANCES LIFKINS
13 AND I'M JOINING MY VOICE TO CONDEMN THIS ONGOING ATTACK ON THE
14 COMMUNITY THAT I LOVE, WHERE I TAUGHT ELEMENTARY SCHOOL FOR
15 THE LAST 2-1/2 DECADES AND I CALL FOR, AS THE COMMUNITY HAS
16 CALLED FOR, THE FIRING OF CHIEF GARTHWAITE, THE RESTORATION OF
17 KING DREW MEDICAL CENTER TO COMPREHENSIVE AND FULL SERVICE,
18 THE PRESERVATION OF PEDIATRIC AND OBSTETRIC SERVICES AND THE
19 REOPENING OF THE TRAUMA CENTER. AS A PUBLIC SCHOOL TEACHER, I
20 RECOGNIZE HOW MUCH THE ATTACKS ON KING DREW ARE PARALLEL TO
21 THE SAME ATTACKS ON THE SCHOOLS IN THE SAME COMMUNITIES.
22 NAMELY, THE GOVERNMENT CUTS FUNDS TO KING DREW, THE STAFF
23 OVERWORKED, OVERSTRESSED, ALL OBVIOUSLY IS GOING TO LEAD TO
24 THE INEVITABLE SUFFERING OF QUALITY. THE MEDIA, ESPECIALLY THE
25 "L.A. TIMES," BLAMES KING DREW. MANY PATIENTS WHO DO HAVE



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1 OTHER OPTIONS GO TO PRIVATE CARE. THOSE WHO DON'T GO DO NO
2 CARE AT ALL, JUST SUFFERS AND DIE. AND THEN GARTHWAITE USES
3 THIS AS AN EXCUSE TO CUT MORE SERVICES. OBVIOUSLY, THIS IS A
4 CYCLE AND I BELIEVE THAT WE CAN AND MUST PRIORITIZE HEALTHCARE
5 AND FUND IN EVERY WAY THAT WE CAN FUND KING DREW.

6

7 **SUP. MOLINA, CHAIR:** VERY GOOD. THANK YOU. IS MISS RITA HART
8 HERE? PLEASE JOIN US, MISS HART. NEXT WE HAVE MISS ROCHELLE.

9

10 **MS. ROCHELLE:** THANK YOU, MADAM CHAIR, FOR ALLOWING ME TO SPEAK
11 ON BEHALF OF MY MOTHER. THE AREA IS-- IS FILLED WITH HOUSING
12 PROJECTS. A LOT OF PEOPLE DON'T HAVE CARS. I DON'T UNDERSTAND
13 HOW THEY CAN THINK OF-- DR. GARTHWAITE CAN THINK OF CLOSING
14 THESE SERVICES FOR MOTHERS AND FOR THE CHILDREN. I WOULD LIKE
15 TO ASK THAT YOU RESIGN DR. GARTHWAITE OR THAT YOU ALL FIRE
16 HIM, BECAUSE HE IS NOT DOING-- HE DOESN'T HAVE THE COMMUNITY'S
17 CONCERN. WE'VE MET WITH SOME PEOPLE WITH THE NAVIGANT AND DR.
18 GARTHWAITE HAS YET TO SHOW HIS FACE IN THE COMMUNITY, TO ASK
19 THEIR CONCERNS. THE LIVES OF OUR CITIZENS ARE BEING
20 ENDANGERED. I, MYSELF, WAS A TRAUMA PATIENT AT KING AND AM
21 WALKING TODAY BECAUSE OF IT. IT COULD HAPPEN TO ANYONE ON THE
22 FREEWAY JUST PASSING THROUGH, YOU CAN BE INVOLVED IN A
23 ACCIDENT.

24

25 **SUP. MOLINA, CHAIR:** PLEASE SUMMARIZE, MISS ROCHELLE.



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1

2 **MISS ROCHELLE:** OKAY. KEEP KING HOSPITAL A COMPREHENSIVE
3 HOSPITAL.

4

5 **SUP. MOLINA, CHAIR:** THANK YOU.

6

7 **MISS ROCHELLE:** FIRE GARTHWAITE.

8

9 **SUP. MOLINA, CHAIR:** THANK YOU. VANNESSA ACOSTA. NOT HERE? MISS
10 SOLOMON?

11

12 **PAULA SOLOMON:** THANK YOU VERY MUCH. MY NAME IS PAULA SOLOMON.
13 I AM A UNION ELECTRICIAN. I BELONG TO THE LOCAL 11 IBEW. WE
14 ARE APPROXIMATELY 7,000 OR SO MEMBERS OF THIS UNION WHO VOTE
15 ALL OVER THE COUNTY OF LOS ANGELES AND LET ME TELL YOU, WE USE
16 THE FACILITIES OF THIS COUNTY AND WE ARE VERY CONCERNED WITH
17 THE HEALTH OF THE PEOPLE IN THIS COUNTY. IN FACT, WE LOBBY, WE
18 VOTE, WE TALK, WE MAIL, WE TELEPHONE, WE MAKE ALL KINDS OF
19 NOISE ABOUT SUPPORTING HEALTH FOR THE PEOPLE AND THE WORKING
20 PEOPLE OF THIS COUNTY OF LOS ANGELES. TO CLOSE THIS HOSPITAL
21 WOULD DO SO MUCH DAMAGE TO THE FUTURE GENERATIONS. THE YOUNG
22 MAN WHO SPOKE JUST A LITTLE BIT BEFORE I CAME UP TO SPEAK IS A
23 WONDERFUL EXAMPLE OF HOW CONSISTENCY IN A COMMUNITY BUILDS
24 HEALTH AND THAT'S WHAT WE'RE TRYING TO DO. WE WANT TO
25 CONSISTENTLY BUILD THE HEALTH, TEACH AND TRAIN NEW PEOPLE TO



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1 BUILD THE HEALTH IN ALL THE COMMUNITIES AND THAT'S ONE THAT'S
2 NEEDED IT FOR A VERY LONG TIME. 40 YEARS AGO, I LIVED IN THE
3 COMMUNITY, I GRADUATED FROM HIGH SCHOOL WHERE THERE WERE NO
4 BLACK PEOPLE ALLOWED BECAUSE THERE WAS RESTRICTIVE COVENANTS
5 AND MY BROTHER HAD ASTHMA. THAT'S WHY WE LIVED THERE. AND
6 THAT'S WHY WE NEED THE KIND OF HEALTH SERVICES ALL OVER THE
7 COUNTY AND THANK YOU VERY MUCH.

8

9 **SUP. MOLINA, CHAIR:** THANK YOU SO MUCH. MISS HART.

10

11 **RITA HART:** HI. MY NAME IS RITA HART. I TAUGHT JUNIOR HIGH
12 SCHOOL AT CHARLES DREW ON COMPTON AND FIRST, ALSO AT FREEMONT
13 HIGH. I'VE BEEN IN THE COMMUNITY. I BELIEVE THAT I CAN SAY
14 THAT I HAVE A SENSITIVITY TO THE PEOPLE IN THIS COMMUNITY AND
15 I'M HERE BECAUSE I WOULD LIKE TO ASK ALL OF YOU TO TAKE SOME
16 TIME OUT OF YOUR LIFE AND SPEND A LITTLE TIME AMONGST THE
17 PEOPLE IN THE COMMUNITY WHOSE LIVES HANG IN THE BALANCE OVER
18 THIS DECISION THAT YOU APPROACH MAKING. I WOULD LIKE TO
19 ENCOURAGE YOU TO PUT FEATHERS IN YOUR POLITICAL CAP BY MAKING
20 A POLITICALLY CORRECT DECISION IN FAVOR OF THE HUMAN BEINGS IN
21 THIS COMMUNITY AND I WOULD LIKE TO ENCOURAGE YOU TO AVOID
22 HAVING BLOOD ON YOUR HANDS BY BEING A LEADER THAT IS VERY OUT
23 OF TOUCH WITH REALITY, SUCH AS GARTHWAITE. THANK YOU.

24



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1 **SUP. MOLINA, CHAIR:** THANK YOU. ARE YOU MISS WARREN? ARE YOU
2 MISS WARREN? WHAT IS YOUR NAME?

3

4 **CHARMAINE CASHAW:** MY NAME IS CHARMAINE CASHAW.

5

6 **SUP. MOLINA, CHAIR:** VERY GOOD. THANK YOU. WOULD YOU SPEAK?
7 BEFORE YOU SPEAK, COULD WE ASK KATHY LEWIS TO JOIN US, JUAN
8 HERNANDEZ, GREGORY BROWN AND ANTHONY PINKBY PLEASE PROCEED.

9

10 **CHARMAINE CASHAW:** MY NAME IS CHARMAINE CASHAW AND I LIVE IN
11 WATTS IN AVALON GORDON HOUSING DEVELOPMENT, AND I DON'T WANT
12 TO SEE THE HOSPITAL GO DOWN EITHER OR GO AWAY COMPLETELY. I
13 DON'T THINK IT SHOULD GO. THEY HAVE SERVICED ME, I'M NOT GOING
14 TO GO INTO DETAILS BUT THEY HAVE SERVICED ME AND I'M ASKING
15 THE BOARD OF SUPERVISORS SUPERVISORS, MRS. BURKE-- MRS. BURKE?
16 I'M ASKING YOU AND MRS. MOLINA AND MR. ANTONOVICH AND MR.
17 KNABE AND MR. YAROSLAVSKY. WELL, ALL FIVE OF Y'ALL I JUST
18 MENTIONED, WOULD YOU PLEASE CONSIDER KEEPING THE HOSPITAL
19 OPEN? DON'T TAKE IT AWAY COMPLETELY, BECAUSE IT WILL BE CHAOS
20 IF YOU DO. NO THREAT TO YOU, I DON'T WANT Y'ALL WRITING THIS
21 UP BECAUSE I KNOW IT'S ON T.V., I WATCH IT, BUT PLEASE DON'T
22 DO THAT. ADDITIONALLY, I'LL TRY TO BE BACK HERE BECAUSE I NEED
23 TO TALK TO MR. DAVIS-- MR. DAVID SANDERS AND THIS IS A HEALTH
24 ISSUE, TOO, WITH DEPARTMENT OF CHILDREN AND FAMILY SERVICES.

25



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1 **SUP. MOLINA, CHAIR:** THANK YOU. MISS LEWIS.

2

3 **MISS LEWIS:** AFTER CONTRACTING WITH NAVIGANT CONSULTING FIRM
4 FOR APPROXIMATELY \$15 MILLION, ALL WE GOT WAS A LOT OF
5 RHETORIC AND DR. GARTHWAITE'S RECOMMENDATION TO RESTRUCTURE
6 M.L.K. HOSPITAL TO A COMMUNITY HOSPITAL. WE STILL WANT AND
7 NEED A COMPREHENSIVE MEDICAL CENTER WITH SPECIALTIES, WE NEED
8 YOU TO RESTORE ALL CLOSED DEPARTMENTS AND KEEP DREW
9 UNIVERSITY. DR. GARTHWAITE, I ASK THE QUESTION AGAIN: HOW DO
10 YOU RUN A HOSPITAL FROM DOWNTOWN? WHY WOULD YOU WANT TO GET
11 INFORMATION SECONDHAND? ARE YOU AFRAID OF THE PEOPLE IN THAT
12 AREA? OR ARE YOU AFRAID OF ALL THE WORK YOU WOULD HAVE TO DO
13 IF YOUR OFFICE WAS ON PREMISE? WHATEVER THE PROBLEM IS, YOU
14 NEED TO BE RELIEVED OF YOUR DUTIES AND THE BOARD OF
15 SUPERVISORS NEED TO DO WHAT IS RIGHT FOR THE COMMUNITY AND
16 KEEP IT A COMPREHENSIVE. THANK YOU.

17

18 **SUP. MOLINA, CHAIR:** THANK YOU, MISS LEWIS. ARE YOU MR. BROWN?
19 MR. PICKME?

20

21 **MR. PICKME:** I'D LIKE TO GIVE MY MINUTE TO DR. SMITH, PH.D.

22

23 **SUP. MOLINA, CHAIR:** DR. SMITH AGAIN? I SEE. HE DIDN'T SIGN UP
24 ON TIME. ALL RIGHT.

25



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1 **DR. SMITH:** THANK YOU, SUPERVISOR MOLINA. I DON'T KNOW WHERE
2 MIKE AND KNABE ARE ON THIS ISSUE BUT I KNOW THAT THEY ARE PRO
3 LIFE, AND I KNOW THEY'RE NOT ABOUT TO CLOSE O.B. AND PEDS.
4 THAT'S TOTALLY OUT OF CHARACTER AND I'VE NEVER HEARD EITHER OF
5 THEM TALKING ABOUT CLOSING KING. THEY QUESTIONED THE QUALITY
6 OF THE CARE BEING GIVEN AT KING AND THE VIABILITY OF THE
7 UNIVERSITY THAT'S OFFERING THAT CARE AS WITH THE M.S.O.A., THE
8 MEDICAL SCHOOL OPERATING AGREEMENT, SO LET'S SEPARATE ISSUES
9 HERE. ONE IS THE QUALITY OF CARE AT THE HOSPITAL. THE OTHER IS
10 THE HOSPITAL ITSELF BEING A COMPREHENSIVE HOSPITAL WITH THE
11 TRAUMA CENTER. I SUPPORT A COMPREHENSIVE HOSPITAL AND A TRAUMA
12 CENTER AND I BELIEVE THEY DO BUT WE'RE CONCERNED ABOUT THE
13 QUALITY OF SERVICE THAT'S BEING OFFERED THERE AND SATCHER TOLD
14 YOU, YOU WERE SLEEPING AT THE SWITCH AND SO WAS THE DREW BOARD
15 OF TRUSTEES, SO LET'S LOOK AT IT LIKE IT IS. GARTHWAITE, FRED
16 LEAF, CHERNOF, THAT WHOLE MOB HAS BEEN UNDERMINING SUPERVISOR
17 BURKE, MISMANAGING THAT HOSPITAL AND NOBODY WOULD ALLOW THAT
18 TO OCCUR BUT THIS BOARD! [APPLAUSE]

19

20 **SUP. MOLINA, CHAIR:** THANK YOU. THAT CONCLUDES ALL OF THE
21 PUBLIC TESTIMONY. WE HAVE BEFORE US SUPERVISOR MOLINA AND
22 SUPERVISOR BURKE'S MOTION.

23

24 **SUP. KNABE:** MADAM CHAIR?

25



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1 **SUP. MOLINA, CHAIR:** YES, SIR?

2

3 **SUP. KNABE:** I MEAN, I JUST HAVE SOME QUESTIONS TO DR.

4 GARTHWAITE AND OTHERS. I THINK ONE OF THE FIRST THINGS THAT WE

5 NEED TO DO-- TRY TO COMPILE THESE MOTIONS HERE BUT, AS IT

6 RELATES TO YOUR PARTICULAR RECOMMENDATION THAT'S BEFORE US,

7 HOW DOES THAT RELATE TO THE STRUCTURAL ISSUE THAT WE'RE TRYING

8 TO DEAL WITH ON THE SHORT TERM AS IT RELATES TO THE C.M.S. AND

9 J.C.A.H.O. CERTIFICATION PROCESS? HOW IS THE RECOMMENDATION

10 BEFORE US TIED INTO THE IMPORTANCE OF THOSE CERTIFICATIONS?

11

12 **DR. THOMAS GARTHWAITE:** THANK YOU. I THINK THAT WAS ASKED BY

13 OTHER PEOPLE WHO SPOKE AND I THINK IT'S A CRITICALLY IMPORTANT

14 QUESTION. FIRST, AS WE ATTEMPT TO REBUILD AND FIX ALL THE

15 DIFFERENT ASPECTS OF THE HOSPITAL, WE MUST TRAIN STAFF,

16 PRIMARILY NURSING AND OTHER STAFF, TO FOLLOW PROCEDURES AND BE

17 PREPARED WHEN INSPECTORS FROM C.M.S. OR JOINT COMMISSION OR

18 OTHERS COME THROUGH. IF WE HAVE FEWER SERVICES, IF WE HAVE

19 LESS COMPLEXITY TO THAT, THAT BECOMES A MORE MANAGEABLE TASK.

20 SECOND, I SHOWED YOU THE DATA THAT SAID WE'RE ATTEMPTING TO

21 HIRE ABOUT 54 PEOPLE TO COVER THOSE PARTICULAR AREAS. WE

22 OBVIOUSLY WOULD CONCENTRATE OUR EFFORTS IN HIRING INDIVIDUALS

23 TO COVER THE DIFFERENT AREAS THAT WE'RE CONCENTRATING ON AND

24 PUTTING FORWARD. THOSE, I THINK, ARE TWO OF THE MAIN REASONS

25 BUT I DO THINK IT'S ABOUT-- THE OTHER THING IS THAT WE DO HAVE



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1 A LIMITED NUMBER OF MANAGERS AND LEADERS IN THE ORGANIZATION,
2 WE CONTINUE TO RECRUIT, WE MAY GET LUCKY OVER THE NEXT FEW
3 MONTHS AND ADD TO THAT BUT THEY ARE OUR TASK AT TRYING TO
4 TRAIN ACROSS A VERY BROAD SPECTRUM, NOT ONLY IN NUMBERS OF
5 PEOPLE IN BEDS BUT ALSO IN TYPES OF PROGRAMS, PROCEDURES THAT
6 MUST BE IN COMPLIANCE WITH THE JOINT COMMISSION AND C.M.S.
7 WHEN THE ACCREDITORS TO ARRIVE.

8

9 **SUP. KNABE:** IN ADDITION TO THAT, IF WE WERE TO MOVE FORWARD ON
10 SUPERVISOR YAROSLAVSKY'S MOTION TODAY, I MEAN, I SEE, WITH THE
11 EXCEPTION OF 1 AND 3 IN SUPERVISOR BURKE'S AND MOLINA'S
12 MOTION, I THINK IT REALLY COINCIDES WITH THE EXCEPTION IN
13 ZEV'S MOTION IS TO PROCEED WITH THE BEILENSEN. SO LET ME GO TO
14 THE BEILENSEN PORTION. IF WE WERE TO PROCEED WITH SUPERVISOR
15 YAROSLAVSKY'S MOTION AS IT RELATES TO MOVING FORWARD WITH THE
16 BEILENSEN ACTION, SETTING THE HEARING DATE, I MEAN, I THINK
17 ALL OF US UP HERE, OUR ULTIMATE GOAL IS TO NOT TO HAVE TO DO A
18 BEILENSEN, NOT TO HAVE TO REDUCE SERVICES, NOT TO, YOU KNOW,
19 HAVE TO CLOSE THOSE KINDS OF SITUATIONS BUT WE DO HAVE A
20 PROCESS AND A STATUTORY RESPONSIBILITY WE HAVE TO FEEL. IF WE
21 WERE TO MOVE FORWARD, ONE, DOES THAT IMPACT THE TRANSITION
22 PLAN WITH NAVIGANT? OR DOES IT IMPACT THE ABILITY SHOULD WE BE
23 FORTUNATE IN THE NEXT FEW DAYS, IMPACT THE POTENTIAL OF THE
24 NEW C.E.O. TO HAVE SOME INPUT ON YOUR RECOMMENDATION?

25



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1 **DR. THOMAS GARTHWAITE:** NO, I DON'T BELIEVE IT WOULD IMPACT
2 THAT. YOU'RE SIMPLY SETTING A DATE AT WHICH YOU WILL ADDRESS
3 THE ISSUE. THERE'S BEEN AMPLE TIME FOR BOTH THE HOSPITAL
4 ADVISORY BOARD AND OTHERS TO PROVIDE INPUT INTO THE DECISION
5 MAKING PROCESS.

6

7 **SUP. KNABE:** TO COUNTY COUNSEL THEN, AS IT RELATES, THE
8 PARAMETERS OF A BEILENSEN, IF WE WENT FORWARD WITH THAT
9 RECOMMENDATION, WE COULD PULL OUT OF THAT AT ANY TIME OR PULL
10 OUR RECOMMENDATION THAT'S BEFORE US, SAY THAT THERE'S MORE
11 INFORMATION BECOMES AVAILABLE OR SOME NEW IDEA, WE CAN PULL
12 THAT OUT OF THE BEILENSEN PROCESS, IS THAT RIGHT OR CANCEL THE
13 BEILENSEN HEARINGS?

14

15 **RAYMOND G. FORTNER, JR.:** MADAM CHAIR AND MEMBERS OF THE BOARD,
16 YOU COULD CANCEL THE BEILENSEN HEARINGS AT ANY TIME. THE ONLY
17 REAL ISSUE IS THAT WHATEVER REDUCTIONS, SERVICE REDUCTIONS ARE
18 NOTICED IN THE NOTICE FOR THE HEARING, IF YOU WANTED TO NOT
19 TOUCH THOSE REDUCTIONS, FOR EXAMPLE, AND MOVE TO SOMETHING
20 ELSE, IT WOULD REQUIRE A RE-NOTICING.

21

22 **SUP. KNABE:** A RE-NOTICING. I MEAN, IF YOU CAME UP WITH SOME
23 OTHER REDUCTION SOME PLACE ELSE, YOU'D HAVE TO RE-NOTICE AND
24 PUSH THAT PERIOD OUT, CORRECT?

25



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1 **RAYMOND G. FORTNER, JR.:** THAT'S CORRECT.

2

3 **SUP. KNABE:** BUT WHATEVER WE DID HERE TODAY, THAT CAN BE PULLED
4 OR THAT COULD BE REDUCED, IS THAT CORRECT?

5

6 **RAYMOND G. FORTNER, JR.:** YES, THAT'S CORRECT.

7

8 **SUP. KNABE:** AT ANY TIME. OKAY. AND THEN I THINK THE
9 MOLINA/BURKE MOTION ALSO DEALS, I THINK ONE OTHER THING THAT'S
10 REALLY IMPORTANT AS IT RELATES TO C.M.S. AND J.C.A.H.O. IS THE
11 ISSUE OF THE CAPITAL IMPROVEMENTS AND I BELIEVE YOUR MOTION
12 DEALS...

13

14 **SUP. BURKE:** DOES NOT-- SEE, THE PROBLEM IS, ACCORDING TO THE
15 COUNTY...

16

17 **SUP. KNABE:** YOUR MOTION DOESN'T DEAL WITH THAT?

18

19 **SUP. MOLINA, CHAIR:** YES, IT DOES.

20

21 **SUP. BURKE:** THE COUNTY COUNSEL HAS ADVISED US THAT, ON JUNE
22 9TH, WE HAD A HEARING ON THOSE CAPITAL IMPROVEMENTS AND MY
23 UNDERSTANDING FROM DR. GARTHWAITE IS THAT THESE IMPROVEMENTS
24 ARE NECESSARY IN ORDER TO MEET THE REQUIREMENTS OF J.C.A.H.O.
25 AND WE'VE SENT THOSE TO OSHPAD. ACCORDING NOW, I'M JUST



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1 RELYING ON WHAT THE COUNTY COUNSEL SAYS. THE COUNTY COUNSEL
2 HAS SAID THAT, EVEN IF OUR MOTION WAS ADOPTED, THAT IT DOES
3 NOT APPROVE THE CAPITAL OR EVEN IT DOESN'T MOVE FORWARD
4 BECAUSE, IN JUNE 9TH WHAT WE SAID IS THAT THOSE WERE CONTINUED
5 TO A DATE IN AUGUST. THAT DATE WAS NEVER SET, SO THERE HAS TO
6 BE A SETTING OF THE HEARING ON THOSE CAPITAL IMPROVEMENTS AND
7 WE HAVE TO VOTE ON THOSE IMPROVEMENTS. I'D ASK THE COUNTY
8 COUNSEL TO RESPOND.

9

10 **SUP. KNABE:** WHY DO WE HAVE TO HAVE A HEARING? WHY DO WE HAVE
11 TO HAVE A HEARING ON CAPITAL IMPROVEMENTS?

12

13 **SUP. BURKE:** WELL, YOU HAVE TO VOTE ON IT.

14

15 **SUP. KNABE:** WELL, I MEAN, BUT YOU-- AS I READ YOUR NUMBER 7,
16 YOU CAN'T TAKE THAT ACTION?

17

18 **SUP. BURKE:** IF WE APPROVE THIS, WILL THAT TAKE CARE OF IT? IF
19 WE APPROVE THE MOTION THAT'S BEFORE US OF...

20

21 **RAYMOND G. FORTNER, JR.:** LET ME LOOK AT THE LANGUAGE. THIS WAS
22 THE SAME-- BASICALLY THE SAME LANGUAGE THAT IT APPEARS ON THE
23 AGENDA AND WHAT IT CONTEMPLATES, I THINK A FAIR READING OF IT
24 IS, IS THAT THE DIRECTOR OF HEALTH SERVICES AND OTHER
25 APPROPRIATE DEPARTMENTS ARE TO REPORT BACK AT A SUBSEQUENT



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1 TIME WITH THOSE SPECIFIC RECOMMENDATIONS. THE RECOMMENDATIONS
2 THEMSELVES, UNFORTUNATELY, ARE NOT BEFORE YOU ON THIS AGENDA
3 AND YOU COULD ANNOUNCE YOUR INTENTION TO...

4

5 **SUP. KNABE:** BUT WHATEVER THOSE RECOMMENDATIONS ARE, IT SAYS
6 SHOULD BE IMMEDIATELY FUNDED.

7

8 **RAYMOND G. FORTNER, JR.:** THE LANGUAGE OF THE MOTION SAYS,
9 AMONG OTHER THINGS, "TO PREPARE A REPORT AND BUDGET ACTION
10 PLAN WITH SPECIFIC TIMELINES THAT RECOMMEND TO THE BOARD OF
11 SUPERVISORS THOSE CAPITAL IMPROVEMENT ITEMS SHOULD BE..."

12

13 **SUP. KNABE:** WELL, I CAN READ IT.

14

15 **RAYMOND G. FORTNER, JR.:** WELL, I THINK A FAIR READING OF THAT
16 LANGUAGE IS THAT...

17

18 **SUP. KNABE:** HOW ABOUT A COMMON SENSE READING OF THAT LANGUAGE?

19

20 **RAYMOND G. FORTNER, JR.:** MY COMMON SENSE, UNFORTUNATELY,
21 SUPERVISOR, TELLS ME THAT IT CONTEMPLATES YOU COMING BACK AND
22 THE FACT OF THE MATTER IS IS THAT THE SPECIFIC CAPITAL
23 IMPROVEMENTS CONTEMPLATED IN THE JUNE 9 BOARD LETTER ARE NOT
24 ON THE AGENDA TODAY.

25



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1 **SUP. BURKE:** I WOULD SO MOVE THAT WE WOULD SET, FOR AUGUST
2 30TH, THE CONTINUED MOTION THAT WAS BEFORE US ON JUNE 9TH IN
3 ORDER TO CONSIDER THE CAPITAL IMPROVEMENTS.

4

5 **SUP. KNABE:** SECOND.

6

7 **SUP. MOLINA, CHAIR:** SUPERVISOR ANTONOVICH.

8

9 **SUP. ANTONOVICH:** IN YOUR PROPOSAL, DR. GARTHWAITE, ON MODEL 3,
10 HOW DOES THAT ENHANCE THE ANESTHESIOLOGY AND SURGICAL O.R.
11 STAFFING, LET'S SAY TO ADJUST TO A NON-TRAUMA FACILITY?

12

13 **DR. THOMAS GARTHWAITE:** OKAY. WE HAVE TWO RECOMMENDATIONS THAT
14 DEAL WITH PHYSICIAN STAFFING, ONE IN WHICH WE WOULD JUST MAKE
15 APPROPRIATE ADJUSTMENTS IN TERMS OF SPECIALISTS ON CALL. SOME
16 SPECIALISTS MIGHT BE ON CALL PRIMARILY AND AT A RATE SPECIFIC
17 FOR TRAUMA AND WE NEED TO MAKE JUST SOME ADJUSTMENTS IN THAT
18 AND THE OTHER AREA CONTEMPLATES TAKING A WHOLE SERVICE AND
19 CONTRACTING OUT FOR SERVICE. ONE OF THE CHALLENGES WE HAD OVER
20 THE PAST SEVERAL MONTHS HAS BEEN HIRING RADIOLOGY SERVICES.
21 WE'VE COME TO A FRIDAY EVENING, WE NEED A RADIOLOGIST BECAUSE
22 AT THE TIME WE WERE RUNNING A TRAUMA CENTER BUT FOR JUST
23 RUNNING AN EMERGENCY ROOM, WE NEED RADIOLOGY SERVICES AND WE
24 HAVE TO FIND A VEHICLE AND SOMEONE WHO IS WILLING TO COME IN
25 THAT NIGHT OR THAT WEEKEND, AND WHAT WE SUGGEST IS THAT WE CAN



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1 MOVE TO MORE OF A PRIVATE SECTOR MODEL WHERE WE CONTRACT FOR
2 ALL OF RADIOLOGY SERVICES FROM A SINGLE VENDOR AND THEY HAVE
3 LARGE NUMBERS OF RADIOLOGISTS WHO CAN THEN MAKE SURE THAT WE
4 CAN PROVIDE THE BACKUP AND PROVIDE ALL THE DIFFERENT KINDS OF
5 RADIOLOGISTS THAT WE WOULD NEED TO DELIVER SERVICES.

6

7 **SUP. ANTONOVICH:** HOW DOES YOUR MODEL 3 ASSIST IN ADDRESSING
8 THE PROBLEMS WITH NURSING, PHARMACY AND PHYSICIAN FAILURES,
9 INABILITY TO FOLLOW UP ON PROTOCOLS?

10

11 **DR. THOMAS GARTHWAITE:** I THINK THAT IT DOESN'T SPECIFICALLY
12 ADDRESS THOSE OTHER THAN TO BRING DOWN THE SIZE OF AREAS WHERE
13 WE'RE TRYING TO MAKE THOSE ASSESSMENTS, GET THE TRAINING DONE
14 AND THEN DO THE TESTING AND ASSURANCE THAT IS HAPPENING. SO IT
15 MAKES THE PROBLEM A BIT SMALLER BUT IT DOESN'T IN AND OF
16 ITSELF MAKE THE CORRECTIONS THAT REQUIRES LEADERSHIP IN
17 MANAGEMENT.

18

19 **SUP. ANTONOVICH:** THE TRAUMA CENTER THAT WAS CLOSED, THE
20 PHYSICIANS AND NURSES THAT WERE USING, LET'S SAY PROVIDING
21 SERVICE IN THAT TRAUMA CENTER, WHAT ARE THEY DOING NOW?

22

23 **DR. THOMAS GARTHWAITE:** WELL, YOU KNOW, ALL NURSES THAT WE HAVE
24 ARE BEING USED APPROPRIATELY AND, IN FACT, WE CONTINUE TO NEED
25 TO BRING ON REGISTRY AND TRAVELING NURSES TO COMPLETE ADEQUATE



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1 STAFFING AT SIZE FACILITY WE'RE RUNNING, SO EVERY NURSE IS
2 BEING USED. I THINK IT'S JUST IN THE LEVEL AND NUMBER OF
3 SPECIALISTS IN CERTAIN SURGICAL AREAS WHERE TRAUMA
4 REQUIREMENTS ARE MUCH MORE STRINGENT THAN THE REGULAR
5 EMERGENCY ROOM REQUIREMENTS WHERE WE WOULD MAKE THOSE
6 ADJUSTMENTS.

7

8 **SUP. ANTONOVICH:** WOULD THE DEPARTMENT CONTINUE ITS MEDICAL
9 AFFILIATION AGREEMENT WITH DREW UNIVERSITY'S RESIDENCY
10 TRAINING FOR ANESTHESIOLOGY AND EMERGENCY MEDICINE WHEN THESE
11 PHYSICIAN SERVICES ARE CONTRACTED OUT?

12

13 **DR. THOMAS GARTHWAITE:** WELL, WE STILL BELIEVE WE HAVE TO LOOK-
14 - THE ONES WHERE I'M CLEAREST IS RADIOLOGY AND THE ICU BECAUSE
15 WE'VE HAD NO LUCK HIRING THERE. ANESTHESIOLOGY, WE'VE PIECED
16 TOGETHER A STAFF FROM MULTIPLE DIFFERENT METHODS AND WE WANT
17 TO LOOK VERY HARD AT THAT AND EMERGENCY CARE. DEPENDING ON HOW
18 WE DO THAT, I THINK WE HAVE TO MAKE THE DECISION ABOUT THE
19 RESIDENCY PROGRAMS WITH THAT. I'M CERTAINLY, AT THIS MOMENT,
20 INCLINED TO SUPPORT CONTINUED EMERGENCY ROOM RESIDENCY
21 PROGRAM. I THINK WE NEED TO HAVE A HARD LOOK AT ANESTHESIOLOGY
22 AND WE'RE HAVING THOSE DISCUSSIONS WITH DREW, NOT NECESSARILY
23 TO ELIMINATE IT BUT TO LOOK AT WHETHER THAT SHOULD BE RUN IN
24 CONJUNCTION MAYBE WITH ANOTHER PROGRAM. SO MY BOTTOM LINE
25 ANSWER IS, WE'RE STILL NEGOTIATING THAT WITH DREW UNIVERSITY.



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1 I WOULD ANTICIPATE WE'LL HAVE VERY CONCRETE RECOMMENDATIONS IF
2 THE BOARD, YOU KNOW, MOVES IN THE DIRECTION WE'RE TALKING
3 ABOUT BY THE TIME WE COME BACK IN SEPTEMBER WITH THE DREW--
4 THE REST OF THE DREW REPORT.

5

6 **SUP. ANTONOVICH:** ONE OF THE PROBLEMS IS THE DREW UNIVERSITY'S
7 LOSS OF ACCREDITATION IN RADIOLOGY, ITS ANESTHESIOLOGY
8 TRAINING PROGRAM BEING PLACED ON PROBATION AND REPEATED C.M.S.
9 AND STATE LICENSING CITATIONS OF PATIENT SAFETY IN THE
10 EMERGENCY DEPARTMENT. DOESN'T THAT INDICATE THAT WE NEED TO
11 FOLLOW THROUGH...

12

13 **DR. THOMAS GARTHWAITE:** RIGHT, NO, IT DOES. IN RADIOLOGY, I
14 THINK WE ARE IN AGREEMENT WITH DREW THAT WE DO NOT HAVE A
15 RADIOLOGY PROGRAM AND WE ARE NOT GOING TO SEEK REINSTITUTION
16 OF A RADIOLOGY PROGRAM. ANESTHESIOLOGY, I THINK THAT WE JUST
17 NEED-- WE HAVEN'T HAD THE CHANCE, WE'VE ONLY MET ONCE, TO SIT
18 DOWN AND TALK THAT THROUGH WITH BOTH SIDES ON THAT. AND IN THE
19 EMERGENCY ROOM, I THINK THE CRITICAL NATURE WAS IN THE TRIAGE
20 PROCESS AND I THINK THAT WE'VE TAKEN ACTION TO AVOID THAT. IT
21 WAS-- ALTHOUGH I THINK WE CONTINUE TO LOOK AT THE EMERGENCY
22 ROOM FOR AREAS FOR IMPROVEMENT, AND WE HAD A D.H.S. TEAM FROM
23 OUR OTHER MAJOR EMERGENCY ROOMS DO A CONSULTATIVE REVIEW JUST
24 LAST MONTH.

25



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1 **SUP. ANTONOVICH:** YOU INDICATE IN YOUR REPORT THAT YOU'RE GOING
2 TO REVIEW THE STAFFING MODELS AT OLIVE VIEW, U.C.L.A., AND
3 ALSO HARBOR-U.C.L.A. MEDICAL CENTER. WHEN WILL THAT STAFFING
4 MODEL REVIEW BE PREPARED AND ARE YOU CONSIDERING THE CLINICAL
5 ROTATION MODEL OF OLIVE VIEW TRAINING PROGRAMS?

6

7 **DR. THOMAS GARTHWAITE:** WELL, WHAT WE WILL DO IS COMPARE THE
8 STAFFING IN VARIOUS DIFFERENT DEPARTMENTS WITH SIMILAR
9 STAFFING IN THOSE OTHER DEPARTMENTS. WE'VE DONE SOME OF THE
10 BACKGROUND WORK BUT WE HAVE, I THINK, ADDITIONAL WORK TO DO.
11 THAT WOULD PROBABLY TAKE US-- IT IS A LONG PROCESS. WE WILL--
12 IT WILL HAVE TO WORK OUR WAY THROUGH THE HOSPITAL, I THINK,
13 METHODICALLY, SO I THINK THAT WILL TAKE-- WE'LL BEGIN
14 IMMEDIATELY BUT IT WOULD TAKE PROBABLY SIX MONTHS TO A YEAR TO
15 FINISH THE PROCESS.

16

17 **SUP. ANTONOVICH:** WOULD THAT INCLUDE THE INCREASING OF FUNDING
18 TO PAY THE SALARIES FOR FACULTY AND RESIDENTS IN THE EVENT
19 THAT THE OLIVE VIEW STAFFING MODEL WAS ADOPTED?

20

21 **DR. THOMAS GARTHWAITE:** YEAH. I THINK THAT THE-- IF WE WERE TO
22 ADOPT EITHER THE OLIVE VIEW OR THE HARBOR STAFFING MODEL FOR
23 KING DREW, I THINK THAT THE TOTAL NUMBER OF EMPLOYEES AT KING
24 DREW WOULD PROBABLY GO DOWN A FEW. SO I DON'T ANTICIPATE
25 THERE'S AN ADDITIONAL NUMBER OF RECRUITMENTS, EXCEPT IN VERY



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1 SPECIFIC AREAS WHERE WE'VE HAD TROUBLE RECRUITING. SO, YOU
2 KNOW, WE NEED TO LOOK AT ALL THE DATA BUT I THINK THAT THE
3 DATA SUGGESTS THAT THERE ARE AREAS OF POTENTIAL SAVINGS AND
4 THAT WOULD BE VERY CONSISTENT WITH NAVIGANT'S INITIAL
5 ASSESSMENTS AND BE VERY CONSISTENT WITH OUR PREVIOUS
6 DISCUSSIONS AT THIS BOARD ABOUT EFFICIENCIES.

7

8 **SUP. ANTONOVICH:** BUT, BY INCREASING THE FUNDING, SUCH AS--
9 WHICH WOULD BE SIMILAR TO U.C.L.A.'S TRAINING PROGRAMS,
10 WOULDN'T THAT GIVE DREW UNIVERSITY ADDITIONAL AUTHORITY WHEN
11 THEY CAN'T EVEN RECRUIT QUALIFIED FACULTY AND RESIDENTS?

12

13 **DR. THOMAS GARTHWAITE:** I THINK-- I'M SORRY. I MAY HAVE BEEN
14 ANSWERING THE WRONG QUESTION. I MAY HAVE MISUNDERSTOOD YOUR
15 QUESTION. LET ME, LET ME-- YOU'RE ASKING WOULD WE MOVE THE
16 RES-- THE FACULTY-- WOULD WE PAY THE FACULTY THROUGH DREW
17 UNIVERSITY MORE LIKE WE DO AT SOME OTHER OR WOULD WE HAVE THE
18 RESIDENTS FROM OUTSIDE-- FROM DREW COME IN SIMILAR TO WHAT
19 HAPPENS AT OLIVE VIEW?

20

21 **SUP. ANTONOVICH:** YES.

22

23 **DR. THOMAS GARTHWAITE:** OKAY. ALL RIGHT. I DON'T SEE THAT MODEL
24 CERTAINLY IMMEDIATELY. WE WOULD WANT TO LOOK AT THAT VERY
25 HARD. THERE ARE ADVANTAGES AND DISADVANTAGES TO THAT. AT THIS



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1 POINT IN TIME, I WOULD THINK THAT'S JUST GOING TO REQUIRE
2 ADDITIONAL STUDY. THE REASON THAT HOSPITALS TEND TO GO TO
3 THESE WHAT ARE CALLED DISBURSEMENT AGREEMENTS WHERE YOU PAY X
4 AMOUNT FOR THE UNIVERSITY IS THAT, WHEN RESIDENTS ROTATE
5 BETWEEN DIFFERENT HOSPITALS, THEN TO PAY THEM, YOU END UP
6 HIRING THEM AND FIRING THEM EVERY TIME THEY GET TO A DIFFERENT
7 HOSPITAL. IF THEY PAY IN CENTRALLY, THEN YOU CAN MAKE THE
8 FRINGE BENEFITS AND THE PAYMENT AND OTHER THINGS MUCH MORE
9 RATIONAL. SO THAT'S THE MAJOR ADVANTAGE. THERE ARE SOME
10 DISADVANTAGES. I THINK WE NEED MORE TIME.

11

12 **SUP. ANTONOVICH:** IF DREW UNIVERSITY DID IMPROVE AND YOU
13 RECOMMENDED EXTENDING THEIR CONTRACT, THE QUESTION IS, WHY
14 WEREN'T THE RESIDENCY PROGRAMS, THE PLANNING PROCESS BEEN
15 IMPLEMENTED WHEN YOU WERE DOING THE NEGOTIATIONS FOR THAT
16 MEDICAL AFFILIATION?

17

18 **DR. THOMAS GARTHWAITE:** YOU MEAN WHY, IN THE CONTRACT, WEREN'T-
19 - WELL, WE ANTICIPATED, FIRST OF ALL, THAT THE CONTRACT WOULD
20 BE SHORT-LIVED AND SO THE CONTRACT ENDS NEXT JULY. SO WE
21 ANTICIPATED WE WOULD BE BACK IN FRONT OF THE BOARD WITH A
22 RENEGOTIATED CONTRACT IN THAT TIME FRAME.

23

24 **SUP. ANTONOVICH:** WHAT'S THE CRITERIA FOR DEVELOPING THAT PLAN
25 FOR THE TRANSITION TO RESHAPE THEIR RESIDENCY PROGRAM?



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1

2 **DR. THOMAS GARTHWAITE:** WELL, MY TIME FRAME IS THAT WE NEED TO
3 COME TO A CONCLUSION BEFORE THIS YEAR'S MATCH, WHICH I THINK
4 IS, WHAT, NOVEMBER, BRUCE? REMIND ME. I THINK. SO WE NEED A
5 COMMITMENT, BOTH FROM US AND DREW, BY NOVEMBER FOR NEXT YEAR'S
6 RESIDENCY MATCH.

7

8 **SUP. ANTONOVICH:** SEE, THE ISSUE BEFORE US TODAY FOR THE
9 COMMUNITY, YOU'VE BEEN REALLY NOT SERVED WELL BY SOME OF YOUR
10 PUBLIC OFFICIALS WHO WERE SPEAKING EARLIER TODAY. THE QUESTION
11 THAT WE HAVE BEFORE US, DO YOU RETAIN A SUBSTANDARD MEDICAL
12 OPERATION THAT HAS PROVED INJURIOUS TO PATIENTS WHO HAVE
13 RECEIVED TREATMENT THERE? DO YOU CONTINUE THAT ENVIRONMENT OR
14 DO YOU CHANGE THAT CULTURE? DR. GARTHWAITE HAS PUT FORTH A
15 PROPOSAL TODAY, WHICH IS LOOKING AT IMPROVING THE QUALITY OF
16 CARE BY IMPLEMENTING THE REFORMS THAT ARE BEFORE THIS BOARD.
17 SECONDLY, IN THE PROPOSAL BY SUPERVISOR YAROSLAVSKY, WHICH I
18 SUPPORT, IT ALLOWS US THE OPPORTUNITY TO MOVE FORWARD ON THE
19 BEILENSON HEARINGS AS WE MOVE FORWARD IN ADDRESSING THE
20 CONCERNS OF THE COMMUNITY, THE CONCERNS OF THE COUNTY OF LOS
21 ANGELES. THE HOSPITAL HAS LOST ACCREDITATION. THE MEDICAL
22 SCHOOL HAS LOST ACCREDITATION IN SOME DEPARTMENTS AND SOME
23 FIELDS, CRITICAL FIELDS THAT PROVIDE HEALTHCARE FOR THAT
24 SERVICE. THE PEOPLE SHOULD BE OUTRAGED THAT THAT TYPE OF
25 QUALITY CARE HAS BEEN IN THE COMMUNITY THAT HAS RESULTED IN



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1 DEATH IN SOME CASES AND IMPAIRED THE HEALTH OF OTHERS WHO ARE
2 RECEIVING TREATMENT THERE. THAT SHOULD BE THE OUTRAGE. THAT IS
3 THE OUTRAGE AND THAT'S THE ACTION THAT THIS BOARD IS
4 ATTEMPTING TO CORRECT RIGHT NOW. AND, THIRDLY, BY HAVING A
5 DUAL TRACK, WE WILL ALLOW THE DEPARTMENT AND SUPPORT THE
6 DEPARTMENT AS THEY MOVE FORWARD TO RESTORE MEDICAL CARE BUT WE
7 WILL ALSO PROTECT THE COMMUNITY BY HAVING A DUAL TRACK TO
8 ENSURE THAT WE'RE NOT GOING TO LOSE VALUABLE TIME IN
9 ADDRESSING THIS CONCERN. WE'RE NOT TALKING ABOUT CLOSING THE
10 HOSPITAL. WE ARE NOT TALKING ABOUT CLOSING THE HOSPITAL. WE
11 ARE TALKING ABOUT REFORMING THE HOSPITAL SO THAT QUALITY CARE,
12 BE IT IN MARTIN LUTHER KING, DREW MEDICAL CENTER, OLIVE VIEW,
13 U.S.C. MEDICAL CENTER, OR HARBOR-U.C.L.A. MEDICAL CENTER IS
14 THE BEST QUALITY CARE THAT YOU CAN RECEIVE IF YOU ARE IN NEED
15 OF THAT CARE. THAT'S THE ACTION. THOSE ARE THE REFORMS THAT
16 ARE BEING DISCUSSED TODAY AND THAT WE'LL BE VOTING ON. THAT'S
17 THE KEY AND THE COMMUNITY MUST REALIZE THAT.

18

19 **SUP. MOLINA, CHAIR:** MS. BURKE.

20

21 **SUP. BURKE:** ALL RIGHT. I JUST-- I WANT TO ASK DR. GARTHWAITE A
22 NUMBER OF QUESTIONS. PART OF YOUR RECOMMENDATIONS ARE BASED ON
23 THE PREMISE THAT THERE HAVE ONLY BEEN SOMETHING LIKE A
24 THOUSAND DELIVERIES THERE-- LESS THAN A THOUSAND, 700
25 DELIVERIES AT THE HOSPITAL DURING THE LAST YEAR. A NUMBER OF



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1 ISSUES HAVE COME UP ABOUT WHY IT'S DOWN TO 700. WE KNOW THAT,
2 THROUGHOUT THE COUNTY, THERE HAS BEEN A REDUCTION IN THE
3 NUMBER OF DELIVERIES BUT THERE ARE A COUPLE OF THINGS THAT
4 CAME TO MY ATTENTION WHEN PEOPLE STARTED LOOKING AND ANALYZING
5 THE WHOLE ISSUE IN TERMS OF OBSTETRICS AT MARTIN LUTHER KING
6 HOSPITAL. MOST HOSPITALS IN THE COUNTY SYSTEM, AS I
7 UNDERSTAND, THEY HAVE WHAT'S CALLED LDR DELIVERIES. IN OTHER
8 WORDS, THE MOTHER COMES INTO ONE ROOM, SHE STAYS THERE, SHE'S
9 DELIVERED THERE, HER FAMILY MEMBERS ARE ABLE TO SEE HER AND
10 SHE'S ABLE TO HAVE THE CHILDREN THERE OR THE BABY THERE AFTER.
11 WE DO THAT AT COUNTY, WE DO IT AT HARBOR AND I UNDERSTAND
12 CERTAINLY AT ALL MODERN HOSPITALS, THEY DO THAT. I UNDERSTAND
13 THAT, IN 2001, THERE WAS AN ATTEMPT TO BRING THIS TO THE
14 GOVERNING BOARD WHICH DIRECTS THE MATERIAL MANAGEMENT TO
15 CONDUCT A COST ESTIMATE TO TRANSFORM UNIT 2-B AT KING DREW,
16 WHICH, WHAT I UNDERSTAND, IF A MOTHER IS HAVING A BABY, THEY
17 HAVE TO HAVE A MAD DASH. SO YOU HAVE TO HAVE MORE NURSES, YOU
18 HAVE TO HAVE ALL OF THESE THINGS, YOU HAVE TO HAVE MORE PEOPLE
19 INVOLVED IN DELIVERING A BABY AT MARTIN LUTHER KING. SO THEY
20 TRIED TO CHANGE THAT BUT IT WAS REFUSED. THERE WAS-- IT WAS
21 GOING TO COST \$250,000 TO CENTRALIZE THE FETAL MONITORING
22 SYSTEM AND ABOUT \$150,000 FOR THE OTHER COST. THAT WAS
23 REFUSED. IT CAME BACK AGAIN IN 2004. IT WAS REFUSED. AND, IF
24 YOU TALK TO MOTHERS, MOST OF THEM WANT TO GO TO A PLACE WHERE
25 THEY HAVE THAT KIND OF A BIRTHING SYSTEM. SO THE QUESTION GETS



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1 TO BE, WHEN YOU CAUSE REDUCTION YOURSELF BECAUSE YOU DON'T
2 MODERNIZE AND YOU DON'T SET UP THE KIND OF DELIVERY SYSTEM
3 THAT EVERYONE ELSE HAS, I DON'T MEAN CEDARS HAS, I MEAN EVERY
4 HOSPITAL IN OUR SYSTEM AND, OVER AT ST. FRANCIS, THEY CAN GO
5 AND GET THAT. SO WHY WOULD YOU EXPECT THAT PEOPLE WOULD STILL
6 COME TO MARTIN LUTHER KING WHEN YOU REFUSE TO PROVIDE THE
7 MONEY TO MODERNIZE AND PROVIDE SOME OF THOSE THINGS? [CHEERS
8 AND APPLAUSE]

9

10 **SUP. BURKE:** THE FETAL MONITORING...

11

12 **SUP. MOLINA, CHAIR:** PLEASE. PLEASE. THANK YOU.

13

14 **SUP. BURKE:** MARTIN LUTHER KING HOSPITAL WAS THE LAST HOSPITAL,
15 AS I UNDERSTAND IN THE NATION, TO GET A FETAL MONITORING
16 SYSTEM. NOW, IF YOU DESTROY, YOU CAN'T THEN COMPLAIN BECAUSE
17 YOU LOSE PATIENTS. AND THE REALITY IS, WE'RE TALKING ABOUT
18 PATIENTS WHO REPRESENT MONEY. OF COURSE THESE OTHER HOSPITALS
19 WILL TAKE THESE O.B. PATIENTS BECAUSE THEY KNOW THEY CAN GET
20 REIMBURSED, WHETHER THE BABY IS ILLEGAL OR NOT. WHEN THAT BABY
21 IS BORN, THEY GET REIMBURSED FOR THAT BABY. SO EVERYBODY IS
22 WILLING TO TAKE THEM. BUT WE WON'T EVEN SET IT UP SO THAT WE
23 CAN HAVE THE DELIVERY. AND, YOU KNOW, SO I UNDERSTAND YOU HAVE
24 A PROBLEM IN TERMS OF THE NURSES BECAUSE YOU MAKE A PROBLEM



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1 BECAUSE YOU HAVEN'T MODERNIZED LIKE EVERY OTHER HOSPITAL WHERE
2 THEY DON'T NEED ALL THOSE NURSES. [CHEERS AND APPLAUSE]

3

4 **SUP. BURKE:** AND THERE ARE SOME OTHER THINGS THAT WE HAVE TO
5 REALLY LOOK AT. IN TERMS OF PEDIATRICS. THE CHILDREN THAT COME
6 THERE, SPA 6, HIGHEST UNINSURED RATE OF ANY PLACE IN THE
7 STATE, HIGHEST UNINSURED. ONLY 23% OF FAMILIES IN SPA 6 HAVE A
8 VEHICLE. SO WHAT WE'RE TALKING ABOUT ARE MOTHERS AND CHILDREN
9 WHO ARE GOING TO HAVE TO GET ON THE BUS TO TAKE THEIR CHILD TO
10 ST. FRANCIS AND WHENEVER AND WHERE ELSE YOU'RE TALKING ABOUT.
11 SO THAT I DO BELIEVE THAT, IF WHAT WE'RE TRYING TO DO IS MEET
12 J.C.A.H.O.'S REQUIREMENTS, I'M SURPRISED THAT J.C.A.H.O. IS
13 NOT LOOKING AT SOME OF THESE THINGS. NOW, IF J.C.A.H.O. HAS
14 SAID TO YOU OR C.M.S. HAS SAID, "YOU HAVE TO ELIMINATE O.B.
15 BECAUSE YOU HAVE ONLY 700 DELIVERIES", I REALLY WOULD LIKE TO
16 HEAR WHAT THEIR RATIONALE WAS WHEN THEY'RE TALKING ABOUT
17 PEOPLE WHO DON'T HAVE A MECHANISM TO GET SOMEWHERE ELSE AND
18 WHERE YOU HAVE LEFT-- I'M SURPRISED THEY WASN'T SAY, "WELL,
19 YOU'RE GOING TO HAVE TO PUT THAT BIRTHING UNIT IN," LIKE THEY
20 HAVE EVERY PLACE ELSE, JUST LIKE YOU'RE GOING TO HAVE TO
21 MODERNIZE THE SURGERY ROOM. NOW, IN YOUR REPORT, YOU DIDN'T
22 ASK FOR THE FUNDS OR EVEN SET THE HEARING SO WE COULD VOTE ON
23 THE CAPITAL IMPROVEMENTS THAT J.C.A.H.O. HAS ACTUALLY
24 REQUIRED. AND, YOU KNOW, I HAVE BEEN VERY SUPPORTIVE OF YOU
25 BUT I'M VERY DISAPPOINTED IN THIS. IF IT WAS PUT OVER TO



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1 AUGUST, IT'S NOT BEFORE US, THIS DETAILED REPORT, THERE'S
2 NOWHERE TO SAY WE'RE GOING TO DO THE NECESSARY CAPITAL
3 IMPROVEMENTS TO MEET J.C.A.H.O. BUT WE'RE TAKING ALL THESE
4 OTHER THINGS AND THIS OTHER ACTION PURPORTEDLY TO MEET
5 J.C.A.H.O.'S REQUIREMENTS, AND THESE ARE SOME OF THE THINGS
6 THAT REALLY CONCERN ME. IF YOU TALK ABOUT PEDIATRICS, ONE OF
7 THE THINGS WE HAVE TO FACE IN SPA 6 IS OBESITY IS ONE OF THE
8 BIGGEST PROBLEMS AND IT'S NOT JUST ADULT OBESITY, IT'S
9 JUVENILE OBESITY. AND PEDIATRICS IS THE PLACE WHERE YOU LOOK
10 AT SOME OF THESE ISSUES, WHERE PEOPLE BRING THEIR CHILDREN SO
11 THAT THEY CAN ADDRESS SOME OF THEM. BUT WHAT WE'RE SAYING IS
12 THAT WE'RE GOING TO SEND OVER THESE CHILDREN SOMEWHERE ELSE TO
13 GET TREATMENT. WE OPENED UP A WOMEN'S CENTER. I WORKED, I
14 BELIEVE, FIVE YEARS TO GET THE WOMEN'S CENTER. NOW, IF A WOMAN
15 WALKS IN THERE AND TAKES A TEST AND FINDS OUT SHE'S PREGNANT,
16 WHAT DO YOU THEN SAY TO HER? "WELL, YOU'RE GOING TO HAVE TO GO
17 TO ANOTHER HOSPITAL BECAUSE WE DON'T GIVE PRENATAL" BECAUSE
18 ALL OF OUR OUTPATIENT O.B. IS GOING TO BE SOMEWHERE ELSE. AND
19 SOME OF THE WOMEN WHO COME INTO US, TEENAGED MOTHERS ARE THERE
20 BECAUSE THEY'RE HIDING FROM THEIR PARENTS. SOME OF THEM ARE
21 PEOPLE WHO DON'T HAVE THE ABILITY TO GO SOMEWHERE ELSE OR THEY
22 WOULD HAVE GONE THERE. WHAT I WOULD REALLY HAVE LIKED TO HAVE
23 SEEN IS AN ANALYSIS OF WHO THOSE THOUSAND PATIENTS WERE WHO
24 CAME TO MARTIN LUTHER KING FOR DELIVERY AND I WOULD SUSPECT
25 THEY ARE HEAVILY TEENAGE PARENTS, THEY'RE HEAVILY UNDOCUMENTED



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1 MOTHERS WHO ARE AFRAID TO GO TO MANY OTHER PLACES OR THEY
2 DON'T HAVE A WAY TO GO ANY OTHER PLACE. AND, WHEN THEY COME
3 INTO OUR WOMEN'S CENTER, IF WE GIVE THEM-- I DON'T KNOW
4 WHETHER WE'RE GOING TO GIVE THEM A PREGNANCY TEST OR DO YOU
5 JUST TELL THEM, "GO SOMEWHERE ELSE TO GET IT" BUT IF WE GIVE
6 IT TO THEM, WE'RE GOING TO SAY, "SORRY, WE DO NOT DO ANY
7 PRENATAL HERE." I'M ALSO CONCERNED ABOUT WHERE WE'RE SENDING
8 THESE TEENAGERS AND MOTHERS AND EVERYONE ELSE. WE'RE SENDING
9 THEM, FOR THE MOST PART, TO CALIFORNIA HOSPITAL OSTENSIBLY AND
10 ST. FRANCIS. THOSE ARE THE VERY PEOPLE WHO NEED FAMILY
11 PLANNING MORE THAN ANYBODY ELSE AND WHERE WE'RE SENDING THEM
12 IS TO A PLACE WHERE THE POLICY PREVENTS THEM FROM GIVING
13 FAMILY PLANNING. [APPLAUSE] I WAS VERY IMPRESSED BY A LETTER
14 FROM TWO NUNS FROM LA HAVRE AND THOSE NUNS SAID, "WE WANT TO
15 SEE THAT HOSPITAL STAY OPEN, EVEN THOUGH WE DISAGREE WITH THE
16 POLICIES THEY HAVE THERE FOR PROVIDING SERVICES," AND WE KNOW
17 WHAT THEY MEAN BUT THEY SAID, "WE'D LIKE TO SEE THEM HAVE IT,"
18 AND THESE WERE TWO NUNS FROM ST. JOSEPH WHO SAID THAT THEY
19 BELIEVE THAT THESE THINGS SHOULD BE-- THEY DIDN'T SAY "THESE
20 THINGS," BUT THEY SAID, "WE DISAGREE WITH THE POLICY. WE THINK
21 THAT THAT HOSPITAL SHOULD PROVIDE THOSE O.B. SERVICES." SO I'D
22 LIKE TO ASK YOU, DR. GARTHWAITE, WHAT ARE THE CHARACTERISTICS
23 OF THOSE 700 OR THOUSAND DELIVERIES, THE PEOPLE WHO CAME THERE
24 AND GOT THOSE THOUSAND DELIVERIES, WHAT ARE THEIR
25 CHARACTERISTICS THAT THEY DECIDED, WHEN 95% OF THE OTHER



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1 PEOPLE IN SPA 6 WENT TO EVERY PLACE ELSE, AND I KNOW WHERE
2 THEY WENT, BECAUSE WE KNOW THAT MOST OF THE MOTHERS IN SPA 6
3 HAVE PROBABLY H.M.O.S BECAUSE THEY'RE ON WELFARE, SO A LARGE
4 PERCENTAGE OF THEM HAVE EITHER PRIVATE INSURANCE OR THEY HAVE
5 H.M.O.S BECAUSE THEY'RE ON WELFARE, SO THEY WENT TO WHATEVER
6 PRIVATE HOSPITAL THEY WANTED TO BUT WHO WERE THOSE WHO CAME TO
7 KING? TELL US ABOUT THEM. I'D LIKE TO UNDERSTAND THAT.

8

9 **DR. THOMAS GARTHWAITE:** SUPERVISOR, I THINK YOU ASKED ME MANY
10 QUESTIONS. I'LL TRY TO REMEMBER ALL OF THEM. FIRST OF ALL, I
11 THINK THAT OUR BIRTH RATE-- OR THE NUMBER OF BIRTHS IN 2004
12 WAS 622. WE CLEARLY STATED IN OUR PRESENTATION THAT THERE WAS
13 A LARGER NUMBER OF LOW BIRTH WEIGHT INFANTS SO THAT I'M SURE,
14 BASED ON THAT AND THE ROUNDS I'VE MADE AT KING DREW WHEN MY
15 OFFICE WAS LOCATED THERE, THAT THERE ARE MANY MOTHERS WHO HAVE
16 MINIMAL PRENATAL CARE, WHO HAVE NOT TAKEN GOOD PRECAUTIONS AND
17 GOTTEN THE KIND OF PRENATAL CARE WE WOULD ALL HOPE THAT THEY
18 GET. THERE ARE MOTHERS WHO ARE YOUNG, THERE ARE MOTHERS WHO
19 ARE ADDICTED TO DRUGS. SO THERE ARE SOME SERIOUSLY-- YOU KNOW,
20 THESE ARE NOT THE EASIEST MOTHERS AS A GROUP. THE PERCENTAGE
21 OF PROBLEMS WITHIN THIS GROUP IS HIGHER, WITHOUT QUESTION. TO
22 EVERYONE, EVERY PREGNANT WOMAN IS PRESUMPTIVELY ELIGIBLE FOR
23 MEDI-CAL, SO I WOULD ASSUME ALL OF THEM HAVE INSURANCE
24 COVERAGE. IN TERMS OF GEOGRAPHY, WE CAN'T BREAK OUT WHO HAS A
25 CAR AND WHO DOESN'T IN OUR STATISTICS BUT OUR MAP SHOWS YOU



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1 THAT MANY, MANY PEOPLE WHO ARE PART OF THE SAME 20-SOME
2 PERCENT THAT HAVE-- OR THAT DON'T HAVE CARS, YOUR STATISTIC,
3 MANY OF THOSE INDIVIDUALS FIND THEIR WAY TO THE PRIVATE
4 SECTOR, 20,000 VERSUS 500, AND MANY OF THOSE WHO FIND THEIR
5 WAY TO OTHER D.H.S. HOSPITALS, PRESUMABLY QUITE FARTHER AWAY
6 THAN KING DREW, FIND THEIR WAY FROM AREAS MUCH CLOSER TO KING
7 DREW. SO SOME OF THEM ARE VOTING WITH THEIR FEET AND FINDING A
8 WAY TO GET TO OTHER HOSPITALS. FOR WHAT REASON, I'M NOT SURE.

9

10 **SUP. BURKE:** DO YOU THINK IN ANY WAY THAT IT'S AFFECTED BY THE
11 FACT THAT WE DON'T HAVE THE KINDS OF BIRTHING FACILITY THAT
12 THEY GET EVERYWHERE ELSE?

13

14 **DR. THOMAS GARTHWAITE:** NEXT ON MY LIST. THE BIRTHING ROOMS, I
15 THINK, YOU KNOW, CLEARLY, I DO NOT SAY THAT WE DON'T NEED
16 BIRTHING ROOMS. NO ONE CAME TO ME AND ASKED ME TO-- PERSONALLY
17 CAME TO ME TO ASK ME TO SUPPORT CHANGING BIRTHING ROOMS SINCE
18 I'VE BEEN HERE, SO IT MAY-- THAT 2001 DATE WAS BEFORE I
19 ARRIVED. I WILL TELL YOU, HOWEVER, THAT, IF YOU LOOK AT THE
20 FALL-OFF IN THE NUMBER OF BIRTHS AT ALL OF OUR FACILITIES,
21 IT'S...

22

23 **SUP. MOLINA, CHAIR:** COULD WE ALLOW MR. GARTHWAITE TO TESTIFY,
24 PLEASE.

25



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1 **DR. THOMAS GARTHWAITE:** ...THOSE GRAPHS THAT I SHOWED ARE THE
2 FALL-OFF IN NUMBER OF BIRTHS ACROSS ALL FOUR OF OUR FACILITIES
3 ARE VIRTUALLY SUPERIMPOSABLE. WE'VE TRIED MANY THINGS TO TRY
4 TO GET MOTHERS TO DELIVER IN OUR FACILITIES, INCLUDING BABY
5 SEATS. WE HAVE REMODELED, IN SOME OF OUR FACILITIES. WE'VE
6 WORKED WITH SOME VARIOUS INSURANCE PLANS. SO WHETHER OR NOT
7 WE'VE TRIED EVERYTHING OR DONE IT PERFECTLY, I'M NOT GOING TO,
8 YOU KNOW, TRY TO TELL YOU THAT THERE AREN'T SOME OTHER THINGS
9 THAT WE CAN COME UP WITH BUT OUR SUCCESS IN STEMMING THE
10 FALLOFF IN BIRTHS IN ALL FOUR OF OUR FACILITIES IS ABOUT THE
11 SAME. YOU CAN GO BACK TO WHEN PREGNANT WOMEN WERE
12 PRESUMPTIVELY ELIGIBLE FOR MEDI-CAL AND YOU CAN JUST-- IT'S A
13 MATHEMATICAL FORMULA OF THEIR LEAVING OUR SYSTEM. THE ONLY
14 THING-- IN TERMS OF PEDIATRICS, WHEN YOU LOOK AT THE DIAGNOSIS
15 FOR WHY PEOPLE COME INTO OUR PEDIATRIC-- INTO OUR HOSPITAL FOR
16 PEDIATRIC CONDITIONS, IT'S ALL CLUSTERED AROUND ASTHMA, ACUTE
17 EXACERBATION OF ASTHMA, INFECTIONS LIKE PNEUMONIA, DIARRHEA
18 AND DEHYDRATION, A COMMON DISEASE OF INFANTS, CELLULITIS
19 REQUIRING ANTIBIOTIC THERAPY, SEIZURES AND HEADACHE, DIABETES,
20 KIDNEY DISEASE AND, AFTER THAT, IT FALLS OFF, OTITIS MEDIA AND
21 UPPER RESPIRATORY INFECTION AND NUTRITIONAL, OTHER METABOLIC
22 DISEASES. THOSE ARE THE TOP ONES AND, AFTER THAT, THERE ARE
23 RELATIVELY FEW ADMISSIONS BY CATEGORY. SO WHAT THAT TELLS ME
24 IS THAT THESE ARE MOSTLY EMERGENT CONDITIONS AND THEY'RE
25 MOSTLY THE THINGS THAT WE KEEP THE EMERGENCY ROOM OPEN, PEOPLE



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1 COME IN, WHEN THESE KIDS NEED TO BE ADMITTED, THEY GET
2 ADMITTED. THEY CAN GET ADMITTED TO THE CLOSEST HOSPITAL THAT
3 HAS AN INPATIENT PEDIATRIC WARD OR THEY CAN GET ADMITTED TO
4 ONE OF OUR OTHER FACILITIES. A SIGNIFICANT NUMBER OF KIDS HAVE
5 INSURANCE BECAUSE THE TOBACCO TAX AND FIRST 5 L.A. HAVE SAID
6 THAT EVERYONE, ZERO TO 5, HAS INSURANCE, IS ELIGIBLE FOR
7 INSURANCE. THE DEPARTMENT OF HEALTH SERVICES, WITH L.A. CARE
8 AND THE CALIFORNIA ENDOWMENT WITH A GREAT DEAL OF PUBLIC
9 SUPPORT EXTENDED THAT FOR A PERIOD OF TIME BETWEEN 5 AND 18.
10 THE PROBLEM IS WE'VE RUN OUT OF MONEY. SO THERE AREA FEW...

11

12 **SUP. BURKE:** RIGHT. SO HEALTHY FAMILIES, THERE'S A WAITING
13 LIST. SEE, THAT'S ONE OF THE PROBLEMS THAT I'M TALKING ABOUT.
14 THE WAITING LIST FOR HEALTHY FAMILIES MEANS THEY DON'T HAVE
15 ACCESS TO IT NOW AT THE TIME YOU MAKE THE DECISION.

16

17 **DR. THOMAS GARTHWAITE:** BUT WE HAVE PLENTY OF ROOM IN OUR
18 FACILITIES AND, IF WE WANTED TO, WE COULD COVER THOSE EMERGENT
19 HOSPITALIZATIONS FROM OUR EMERGENCY ROOM FOR A-- I THINK A
20 RELATIVELY SMALL AMOUNT OF MONEY. NOW, TO ASSURE THAT THEY
21 WENT TO THE CLOSEST PLACE TO GET CARE. IN MILWAUKEE,
22 WISCONSIN, WHERE I WAS CHIEF OF STAFF AT A BIG V.A. HOSPITAL
23 BUT WHERE A NEW CHILDREN'S HOSPITAL WAS OPENED, ALMOST EVERY
24 HOSPITAL IN THAT CITY ENDED UP CLOSING THEIR INPATIENT
25 PEDIATRIC WARD SIMPLY BECAUSE, IF YOU'RE SICK ENOUGH TO BE



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1 ADMITTED TO A HOSPITAL AS A CHILD, YOU SHOULD BE IN A HOSPITAL
2 THAT'S SEEING A LOT OF KIDS. YOU NEED SPECIAL DOSES, YOU NEED
3 SPECIAL SIZE OF THINGS, YOU NEED SPECIAL PROTOCOLS AND, HAVING
4 THAT, HAVING THOSE INDIVIDUALS TRAINED, IS, I BELIEVE, AN
5 IMPORTANT ASPECT AS WELL. I THINK WE CAN LOOK AT AND WE
6 SHOULD, OVER THE NEXT FEW WEEKS, LOOK AT PRENATAL CARE AND HOW
7 WE PROMOTE THE OUTREACH FOR MOTHERS GETTING PRENATAL-- GETTING
8 THE DIAGNOSIS OF PREGNANCY ESTABLISHED, GETTING THEM
9 ESTABLISHED ON MEDI-CAL SO THEY HAVE COVERAGE AND ALSO MAKING
10 SURE THAT THERE'S NO DELAY IN HOOKING UP A PREGNANT WOMAN WITH
11 AN OBSTETRICIAN AND PRENATAL PROGRAM. WE CAN WORK THAT PIECE,
12 THAT OUTREACH IDENTIFICATION, GETTING STARTED THE RIGHT WAY,
13 WE SHOULD MAKE SURE THAT THAT'S A GUARANTEED-- THAT'S
14 GUARANTEED TO BE THE BEST IT CAN POSSIBLY BE. I COULDN'T
15 BELIEVE THAT THERE'S ANYTHING ELSE MUCH MORE IMPORTANT THAN
16 GETTING THAT EARLY DIAGNOSIS. SO I THINK THAT'S MOSTLY YOUR
17 QUESTIONS.

18

19 **SUP. BURKE:** BUT SO FAR, DR. GARTHWAITE, ONE OF THE THINGS WE
20 COMMENT ON IS, WITH ALL THE THINGS WE'VE DONE SO FAR, THE
21 MOTHERS WHO PRESENT THEMSELVES OFTEN HAVE NO PRENATAL, SO WHAT
22 I'M TRYING TO SAY IS THAT, WHERE WE ARE RIGHT NOW, WITH ALL
23 THE THINGS THAT WE'VE BEEN DOING, THESE TEENAGE MOTHERS DON'T
24 GET THE PRENATAL. SOME OF THE MOTHERS WHO ARE AFRAID DON'T GET
25 THE PRENATAL. AND NOW YOU SAY YOU CAN'T EVEN GET IT THERE, IF



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1 YOU WALK IN, WE AREN'T GOING TO PROVIDE IT. AND, TO ME, I JUST
2 DON'T UNDERSTAND HOW YOU CAN POSSIBLY GET TO THAT CONCLUSION.
3 YOU HAVE A HOSPITAL ADVISORY GROUP THAT WE WENT THROUGH ALL
4 THIS TROUBLE TO PUT THEM TOGETHER AND THEY'VE TRIED TO POINT
5 THESE THINGS OUT. THESE ARE EXPERTS. I'M NOT. THEY'VE TRIED TO
6 POINT IT OUT BUT WHAT THEY'RE SAYING, NO ONE IS PAYING ANY
7 ATTENTION TO THAT?

8

9 **DR. THOMAS GARTHWAITE:** I'M NOT PERSONALLY AWARE OF EXACTLY
10 WHAT PEOPLE HAVE TRIED TO POINT OUT. WE HAVE HAD-- WELL, I'VE
11 BEEN AT-- I HAVE ATTENDED... [BOOS]

12

13 **SUP. MOLINA, CHAIR:** PLEASE!

14

15 **DR. THOMAS GARTHWAITE:** I HAVE ATTENDED THE MEETINGS OF THE
16 HOSPITAL ADVISORY BOARD...

17

18 **SUP. MOLINA, CHAIR:** YOU'VE SEEN THEIR RECOMMENDATIONS. YOU'VE
19 SEEN THEIR COMMENTS.

20

21 **DR. THOMAS GARTHWAITE:** RIGHT. AND I BELIEVE-- I WAS PRESENT
22 FOR THE DISCUSSION AND I DO BELIEVE WHAT THEY SAID IS WE NEED
23 MORE TIME TO UNDERSTAND THE DATA THAT UNDERLIES THIS AND TO
24 SEEK OUT SPECIFIC PIECES OF DATA AND I'M FINE WITH THAT, I
25 BELIEVE WE SHOULD CONTINUE TO LOOK AT THE DATA.



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1

SUP. BURKE: WELL, IF THAT CASE, YOU WOULD NOT HAVE AN
OBJECTION TO SUPERVISOR MOLINA'S MOTION TO PUT IT OVER TO
SEPTEMBER 25TH SO THAT WE COULD HAVE SOME INTELLIGENT
DISCUSSION OF THIS, YOU KNOW? AND I DON'T MEAN-- I KNOW THAT
THERE ARE PEOPLE WHO FEEL VERY STRONGLY ABOUT THIS, BUT WE
REALLY NEED TO GET SOME FACTS AND WE NEED TO GET SOME ANALYSIS
OF WHO'S COMING AND WHO'S NOT GOING TO BE ABLE TO COME ANY
MORE AND THIS HOSPITAL ADVISORY, THAT'S ALL THEY ASK FOR, WAS
AN OPPORTUNITY BUT THEY DID SAY AND THESE ARE PEOPLE WHO--
MANY OF THEM WORK IN OBSTETRICS, THAT THEY WERE VERY CONCERNED
ABOUT THESE RECOMMENDATIONS AND I THINK THEY SHARED THAT WITH
YOU.

14

DR. THOMAS GARTHWAITE: IN AN IDEAL WORLD WHERE WE HAD ALL THE
TIME IN THE WORLD, THAT MIGHT BE A FINE APPROACH. BUT I WOULD
SUGGEST TO YOU THAT HERE'S ANOTHER SCENARIO THAT YOU NEED TO
CONSIDER...

19

SUP. BURKE: COULD EVERYBODY JUST PLEASE-- I'VE GOT TO LISTEN
TO THIS.

22

DR. THOMAS GARTHWAITE: THE OTHER SCENARIO I THINK YOU NEED TO
CONSIDER IS LET'S SAY THAT C.M.S. COMES IN IN DECEMBER AND
SAYS, "YOU NO LONGER MEET--" LET'S SAY, "YOU, SUBSTANTIALLY,

25



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1 YOU DON'T MEET THE CONDITIONS FOR PARTICIPATION IN MEDICARE,"
2 WHICH IS ESSENTIALLY SAYING NOT IN MEDI-CAL. THEN THEY CAN
3 MOVE TO TAKE THAT \$200 MILLION IMMEDIATELY OR THEY CAN SAY,
4 "YOU HAVE THREE MONTHS TO MEET THESE FOLLOWING THREE THINGS
5 THAT WE THINK THAT, IF YOU DON'T MEET THEM, THAT'S IT."

6

7 **SUP. MOLINA, CHAIR:** AND THEY COULD SAY REMOVE OBSTETRICS AND
8 PEDIATRICS, RIGHT?

9

10 **DR. THOMAS GARTHWAITE:** THERE'S NO MOU. NO, I'M JUST SAYING,
11 "THERE'S NO MORE MOUS, YOU DON'T MEET THEM, WE'RE TAKING AWAY
12 THE 200 MILLION." DURING THAT THREE-MONTH PERIOD IN WHICH
13 EVERYTHING HANGS IN THE BALANCE, DO YOU STILL WANT TO BE DOING
14 SERVICES, WHICH WE COULD HAVE COMPLETED THE DOWNSIZING OF OR
15 THAT WOULD SIMPLIFY OUR TASK AT RETAINING THAT 200 MILLION?
16 YOU SEE, YOU'RE ASSURING THAT, WHEN YOU GET TO THE POINT WHEN
17 IT'S MOST NEEDED AND MOST CRITICAL AND MOST AT RISK, YOU'VE
18 NOT TAKEN ANY ACTION YET.

19

20 **SUP. BURKE:** WELL, WE HAVEN'T TAKEN ACTION ON THE CAPITAL, YOU
21 KNOW, THAT-- AND SO THAT WAS ONE OF THE THINGS THEY SAID WE
22 HAD TO DO. NOW, I DON'T KNOW WHETHER OR NOT THEY HAVE SAID
23 THAT WE HAVE TO GET RID OF O.B. AND PEDIATRICS BUT WE'VE HAD
24 MANY REPORTS POINTING OUT PROBLEMS AND, IF THAT HAS BEEN IN
25 THERE, I'VE MISSED IT.



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1

2 **C.A.O. JANSSEN:** BUT, SUPERVISOR, ON THAT SPECIFIC ITEM, THE
3 BOARD DID ADDRESS THAT IN JUNE. THE ITEM WAS BEFORE YOU AND IT
4 WAS CONTINUED TO AUGUST. SO IT'S NOT...

5

6 **SUP. BURKE:** BUT IT WAS NOT SET IN AUGUST. IT WAS CONTINUED TO
7 AUGUST...

8

9 **C.A.O. JANSSEN:** NO, BUT I BELIEVE THAT BOTH YOU AND SUPERVISOR
10 MOLINA BELIEVED THAT YOUR MOTION DEALT WITH THAT ISSUE, SO YOU
11 WERE AWARE OF IT, YOU DID ATTEMPT TO DEAL WITH IT...

12

13 **SUP. MOLINA, CHAIR:** AND YOU KNOW WHAT, MR. JANSSEN?

14

15 **C.A.O. JANSSEN:** AND IT WASN'T WRITTEN IN A WAY THAT COUNTY
16 COUNSEL IS COMFORTABLE WITH. THAT'S ALL. SO, ON THAT ISSUE
17 ALONE, NOBODY'S TRYING TO HIDE THE BALL, NOBODY'S TRYING TO DO
18 ANYTHING DIFFERENT.

19

20 **SUP. BURKE:** BUT, UNTIL SUPERVISOR MOLINA INTRODUCED THIS
21 MOTION, IT WASN'T BEFORE US AT ALL. NOW, SHE DIDN'T-- IT
22 WASN'T A MATTER THAT SHE INTRODUCED IT AT THE REQUEST OF DR.
23 GARTHWAITE OR, IF SHE DID, I DIDN'T UNDERSTAND IT. UNTIL SHE
24 BROUGHT IT UP, SHE PUT IT IN A WAY THAT THE COUNTY COUNSEL
25 SAID DID NOT BRING IT BEFORE US BUT NO ONE ELSE WHO HAD THE



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1 AUTHORITY AND RESPONSIBILITY AND WAS TRYING TO MEET
2 J.C.A.H.O.'S REQUIREMENTS, NO ONE ELSE PUT IT BEFORE US.

3

4 **C.A.O. JANSSEN:** WELL, I THINK THE DECISION IN JUNE,
5 SUPERVISOR, WAS WHAT WAS THE BOARD GOING TO DO WITH RESPECT TO
6 KEEPING THE HOSPITAL OPEN AT ALL IN AUGUST AND, UNTIL YOU MADE
7 THAT DECISION, THE FISCAL FACILITY WAS IRRELEVANT.

8

9 **SUP. BURKE:** I UNDERSTAND THAT. I UNDERSTAND THAT SO...

10

11 **C.A.O. JANSSEN:** AND THAT'S THE DECISION THAT'S BEFORE YOU
12 TODAY.

13

14 **SUP. BURKE:** AND SO, WHEN THIS DECISION CAME BEFORE US, I WOULD
15 HAVE ASSUMED IT WOULD HAVE INCLUDED THOSE THINGS THAT WERE
16 NECESSARY. BUT YOU'RE SAYING THAT. IT WAS NOT SUPPOSED TO BE
17 ON ME OR ON SUPERVISOR MOLINA TO DO THAT. IT WAS A MATTER THAT
18 THOSE ISSUES THAT HAD TO BE RESOLVED WERE TO COME BEFORE US
19 AND I HATE TO HARBOR KEEP HARBORING ON IT BUT IT IS CONSISTENT
20 WITH OTHER PROBLEMS WE'RE SEEING.

21

22 **SUP. MOLINA, CHAIR:** ALL RIGHT.

23

24 **SUP. KNABE:** MADAM CHAIR, I DID HAVE A CONVERSATION...

25



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1 **SUP. MOLINA, CHAIR:** YES, MR. KNABE?

2

3 **SUP. KNABE:** ...WITH C.M.S. AND THEY REALLY DON'T CARE WHAT
4 SERVICES ARE PROVIDED. THE MOST IMPORTANT THING TO C.M.S. IS
5 ACCREDITATION, WHATEVER SERVICE YOU PROVIDE ARE PROVIDED IN
6 THE BEST FUNCTIONAL WAY WITHIN THE CODES AND THE STATUTORY
7 STRUCTURE THAT THEY HAVE. SO, YOU KNOW, THEY DIDN'T, YOU KNOW,
8 SAY ONE WAY OR ANOTHER, WHETHER YOU DO SURGERY OR NOT DO
9 SURGERY, WHETHER YOU DO THIS OR NOT DO THAT, WHETHER YOU DO
10 TRAUMA OR NOT DO TRAUMA. WHATEVER YOU DO, YOU DO IT RIGHT.

11

12 **SUP. BURKE:** BUT I THOUGHT THEY DID SAY YOU HAVE TO HAVE A
13 FACILITY.

14

15 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. YAROSLAVSKY.

16

17 **SUP. BURKE:** THEY MADE FACILITY COMMENTS.

18

19 **SUP. MOLINA, CHAIR:** ALL RIGHT.

20

21 **SUP. BURKE:** AND SO LET'S NOT GET CONFUSED ABOUT THIS. THEY DID
22 MAKE SOME COMMENTS IN TERMS OF FACILITY.

23

24 **SUP. KNABE:** OH, ABSOLUTELY. THAT'S DIFFERENT, THOUGH, THAN...

25



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1 **SUP. BURKE:** BUT THE FACILITY IS WHAT I'M TALKING ABOUT.

2

3 **SUP. KNABE:** OH, OKAY.

4

5 **SUP. MOLINA, CHAIR:** ALL RIGHT. ARE YOU COMPLETE, MS. BURKE?

6 YES? MR. YAROSLAVSKY, DID YOU HAVE SOMETHING?

7

8 **SUP. YAROSLAVSKY:** NO.

9

10 **SUP. MOLINA, CHAIR:** ALL RIGHT. MR. WELLS, LET ME ASK YOU A

11 QUESTION. ONE OF THE VERY FIRST THINGS THAT NAVIGANT

12 RECOMMENDED TO THIS BOARD WAS TO SETUP A HOSPITAL ADVISORY

13 BOARD AND WE MOVED AS QUICKLY AS WE COULD TOWARD THAT EFFORT

14 AND WE MADE THOSE APPOINTMENTS AND THE PROCESS BEGAN. IN FACT,

15 AT ONE POINT, WE WERE CHASTISED BY MISS ROBERTSON THAT WE

16 DIDN'T MOVE QUICK ENOUGH. BUT NOW THAT IT'S IN PLACE AND

17 THEY'VE BEEN MEETING AND TRYING TO FIND THOSE WAYS TO PROVIDE

18 DIRECT INPUT, WHY IS IT THAT NAVIGANT DID NOT HEED THEIR

19 RECOMMENDATIONS WHEN YOU WENT AHEAD AND WENT ALONG WITH DR.

20 GARTHWAITE ON THESE CUTS?

21

22 **HANK WELLS:** MA'AM, THE TIMING WAS A LITTLE BIT DIFFERENT FROM

23 THE WAY YOU JUST DESCRIBED IT. I APOLOGIZE.

24

25 **SUP. MOLINA, CHAIR:** TELL ME ABOUT THE TIMING, THEN.



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1

2 **HANK WELLS:** OUR RECOMMENDATION WAS MADE AT THE TIME THAT THE
3 HOSPITAL ADVISORY BOARD WAS CONSIDERING THE ACTION THAT THEY
4 WOULD TAKE. AND WE MADE OUR RECOMMENDATION TO THEM...

5

6 **SUP. MOLINA, CHAIR:** BUT WHY WOULDN'T YOU WANT TO...

7

8 **HANK WELLS:** ...AND SUGGESTED TO THEM THAT THERE WERE SOME
9 AREAS OF DR. GARTHWAITE'S PLAN WITH WHICH WE AGREED, THERE WAS
10 SOME THAT WE HAD SOME DISAGREEMENT. WE POINTED THOSE OUT TO
11 THE HOSPITAL ADVISORY BOARD AND THEN, PRETTY QUICKLY AFTER
12 THAT RECOMMENDATION WAS MADE, THEY CONTINUED THEIR DISCUSSION
13 AND MADE THEIR RECOMMENDATION AS YOU HEARD IT FROM DR. FLORES
14 TODAY. WE HAVE NO PROBLEM WITH THE RECOMMENDATIONS OF THE
15 HOSPITAL ADVISORY BOARD. I ALSO SERVE AS AN EX-OFFICIO
16 NONVOTING MEMBER OF THAT GROUP AND WE'RE FINE WITH THE
17 RECOMMENDATIONS THAT THE BOARD HAS MADE.

18

19 **SUP. MOLINA, CHAIR:** BUT, AGAIN, IF, IN FACT, WE ARE SUPPOSED
20 TO RESPECT THIS GOVERNANCE STRUCTURE WHICH ONE OF THE THINGS
21 THAT NAVIGANT WAS VERY INSISTENT UPON AND I KNOW I CERTAINLY
22 WANTED TO FIND A WAY THAT WE COULD FUNCTION AND OPERATE WITHIN
23 THE HOSPITAL ADVISORY, IT IS HARD FOR ME TO UNDERSTAND WHY,
24 ALL OF A SUDDEN NOW, THEIR RECOMMENDATIONS TO GO SLOW OR GIVE



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1 US AN OPPORTUNITY TO REVIEW SOME ASPECTS OF IT IS NOT
2 SOMETHING THAT WOULD BE HONORED BY NAVIGANT ITSELF.

3

4 **HANK WELLS:** IT IS HONORED, MA'AM, AND I APOLOGIZE IF I...

5

6 **SUP. MOLINA, CHAIR:** IT IS HONORED HOW?

7

8 **HANK WELLS:** THE RECOMMENDATIONS OF THE HOSPITAL ADVISORY BOARD
9 ARE, IN FACT, THE DIRECTION IN WHICH WE WILL GO IF THAT'S THE
10 WAY THE BOARD CHOOSES TO OPERATE. WE'RE PROFESSIONAL
11 CONSULTANTS AND WE'RE GOING TO OPERATE IN THE WAY THAT YOU
12 DIRECT US TO DO.

13

14 **SUP. MOLINA, CHAIR:** BUT I THOUGHT THAT YOU HAD COME IN, WHEN I
15 HEARD YOUR TESTIMONY EARLIER, YOU WERE BASICALLY SUPPORTING
16 DR. GARTHWAITE'S COMPLETE SET OF RECOMMENDATIONS.

17

18 **HANK WELLS:** NOT THE COMPLETE SET OF RECOMMENDATIONS. WE DID
19 HAVE SOME...

20

21 **SUP. MOLINA, CHAIR:** WHICH ONES ARE YOU NOT SUPPORTING?

22

23 **HANK WELLS:** ...DIFFERENCES WITH HIM. WE HAD A, FOR EXAMPLE, A
24 SUGGESTION THAT, CONTRARY TO DR. GARTHWAITE'S REPORT, THAT THE
25 BOARD OF SUPERVISORS NOT MAINTAIN THE TWO OPTIONS, THE PUBLIC



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1 MODEL AND THE PRIVATE MODEL, IF YOU WILL. WE ALSO DIFFERED
2 WITH HIM SLIGHTLY ON THE RECOMMENDATIONS REGARDING
3 SUBCONTRACTING OUT SERVICES IN RADIOLOGY, EMERGENCY
4 DEPARTMENT, ANESTHESIA AND I.C.U. WE ALSO DIFFERED SLIGHTLY...

5

6 **SUP. MOLINA, CHAIR:** LET ME UNDERSTAND. SO YOU'RE TALKING THAT
7 YOU'RE NOT SUPPORTIVE OF THE DUAL TRACK? IS THAT WHAT YOU'RE
8 SAYING?

9

10 **HANK WELLS:** LET ME BE CAREFUL, THOUGH, ABOUT WHAT I'M SAYING.

11

12 **SUP. MOLINA, CHAIR:** ALL RIGHT. I JUST WANT TO CLARIFY.

13

14 **HANK WELLS:** I DON'T WANT TO SAY THAT WE'RE NOT SUPPORTIVE OF
15 THAT. WHAT WE WERE ASKED FOR WAS WHAT WAS OUR OPINION WAS
16 ABOUT THE SPECIFIC RECOMMENDATIONS. WE PROVIDED THAT...

17

18 **SUP. MOLINA, CHAIR:** WHAT WAS YOUR OPINION ON THAT?

19

20 **HANK WELLS:** ...AND OUR OPINION ON THE CONTRACTING WAS THAT IT
21 MIGHT BE BETTER ON RADIOLOGY TO LOOK FOR A COUNTYWIDE
22 SOLUTION. RADIOLOGY IS A NATIONWIDE PROBLEM AND IT CERTAINLY
23 IMPACTS ALL OF THE HOSPITALS IN THE COUNTY. THAT E.D. AND
24 ANESTHESIA, WE BELIEVE, IN OUR RECOMMENDATION, WE BELIEVED
25 WOULD MAKE MORE SENSE TO STAY IN-HOUSE. BUT WE WERE RESPONDING



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1 TO THE REQUEST OF MEMBERS OF THE HOSPITAL ADVISORY BOARD THAT
2 WE PROVIDE THEM WITH A RECOMMENDATION. WE DID THAT. WE'RE
3 COMFORTABLE WITH THE ACTION THAT THE ADVISORY BOARD HAS TAKEN
4 AND WITH THEIR RECOMMENDATION TO THIS BOARD AND WE'LL
5 CERTAINLY FOLLOW WHATEVER DIRECTION THIS BOARD PROVIDES TO US.

6

7 **SUP. MOLINA, CHAIR:** SO YOU'RE BASICALLY SUPPORTING THE
8 RECOMMENDATION OF THE HOSPITAL ADVISORY BOARD?

9

10 **HANK WELLS:** YES, MA'AM.

11

12 **SUP. MOLINA, CHAIR:** ALL RIGHT. I THINK THAT THAT NEEDS TO BE
13 CLARIFIED AS WELL BECAUSE THAT CERTAINLY WASN'T UNDERSTOOD
14 BEFORE, THAT NAVIGANT WAS FOLLOWING THE RECOMMENDATION OF THE
15 HOSPITAL ADVISORY BOARD.

16

17 **SUP. YAROSLAVSKY:** I WAS NOT CLEAR ON THAT.

18

19 **SUP. KNABE:** I MEAN, IS THAT-- YEAH, ME, EITHER.

20

21 **SUP. YAROSLAVSKY:** I DON'T THINK THAT'S WHAT HE JUST SAID.

22

23 **HANK WELLS:** I MIGHT...

24



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1 **SUP. MOLINA, CHAIR:** THAT'S WHY I'M TRYING VERY HARD AND KEEP
2 ASKING THE QUESTIONS.

3

4 **SUP. YAROSLAVSKY:** I'VE READ BOTH THE NAVIGANT REPORT AND THE
5 HOSPITAL ADVISORY BOARD AND THEY ARE-- AND DR. GARTHWAITE'S
6 REPORT AND YOU, WITH TWO EXCEPTIONS, THE ONE ON THE
7 CONTRACTING OUT OF CERTAIN SERVICES INSIDE THE HOSPITAL, LIKE
8 RADIOLOGY AND ANESTHESIOLOGY, AND THE OTHER ONE WAS ON THE
9 ISSUE OF PURSUING THE CONTRACTING OUT OF THE HOSPITAL.
10 OTHERWISE YOU...

11

12 **SUP. BURKE:** AND THE TRAUMA CENTER. AND THE TRAUMA CENTER.
13 IT'S-- THE OTHER PLACE THEY DISAGREED WAS THAT THEY SAID THAT
14 THEY SHOULD NOT ELIMINATE THE POSSIBILITY OF FUTURE YEARS
15 HAVING THE TRAUMA CENTER. THAT WAS THE OTHER DISAGREEMENT.

16

17 **SUP. YAROSLAVSKY:** AND I'M NOT AWARE THAT YOU HAVE SAID THAT. I
18 THINK WHAT YOU HAVE SAID-- A LOT OF THINGS HAVE BEEN SAID
19 TODAY AND I DON'T WANT TO-- I'M ON MS. MOLINA'S TIME, JUST TO
20 CLARIFY THIS...

21

22 **HANK WELLS:** LET ME DO SO.

23

24 **SUP. YAROSLAVSKY:** ON THOSE TWO ISSUES, THERE WAS A DIFFERENCE
25 OF OPINION BETWEEN YOU AND DR. GARTHWAITE. OTHERWISE, YOU



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1 SUPPORTED HIS RECOMMENDATIONS. NOW, HIS RECOMMENDATIONS ARE
2 OPPOSED BY THE HOSPITAL ADVISORY BOARD, SO YOU CAN'T BE
3 SUPPORTING THE HOSPITAL ADVISORY BOARD AND SUPPORTING ALL BUT
4 TWO OF HIS RECOMMENDATIONS.

5

6 **HANK WELLS:** LET ME GO BACK TO WHAT I WAS SAYING EARLIER. I
7 APOLOGIZE IF IT'S NOT CLEAR. OUR RECOMMENDATION WAS MADE AT
8 THE TIME OF THE HOSPITAL ADVISORY BOARD MEETING AND WAS MADE
9 AT THE REQUEST OF HOSPITAL ADVISORY BOARD MEMBERS. WHAT IS
10 YOUR OPINION ABOUT THE VARIOUS ASPECTS OF THIS GARTHWAITE
11 REPORT? WE PROVIDED THAT RESPONSE, WE PROVIDED WHAT OUR
12 RECOMMENDATIONS WERE. THE HOSPITAL ADVISORY BOARD THEN VOTED.
13 IN FACT, VOTED ALMOST IMMEDIATELY AFTER WE MADE THOSE
14 RECOMMENDATIONS AND DR. FLORES IS HERE NOW PRESENTING TO YOU
15 WHAT THE HOSPITAL ADVISORY BOARD'S RECOMMENDATION IS. WE TAKE
16 NO ISSUE WITH THAT RECOMMENDATION. WE WERE ASKED, AS
17 CONSULTANTS, WHAT IS OUR OPINION ABOUT SOME OF THE POINTS IN
18 DR. GARTHWAITE'S REPORT. WE PROVIDED THAT. THE HOSPITAL
19 ADVISORY BOARD CHOSE TO GO FORWARD WITH THE RECOMMENDATION AND
20 THAT'S FINE WITH US. WE HAVE NO PROBLEM WITH IT. I'M NOT SURE
21 IT'S SAFE TO SAY THAT WE ARE SUPPORTIVE OF THE HOSPITAL
22 ADVISORY BOARD'S RECOMMENDATION BECAUSE THAT'S NOT OUR ROLE.
23 OUR ROLE WAS TO PROVIDE ADVICE AND WE DID THAT.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** MR. WELLS, YOU PROVIDED US ADVICE. YOUR
2 ADVICE TO US WAS TO CREATE A GOVERNANCE STRUCTURE KNOWN AS THE
3 HOSPITAL ADVISORY BOARD SO THAT AND IT WOULD BE NOT STAFFED
4 BUT APPOINTED BY PEOPLE WHO HAD BETTER WORKING KNOWLEDGE OF
5 HOSPITALS AND INFORMATION AND DATA AND THINGS OF THAT SORT,
6 THAT THEY WOULD PROVIDE ADVICE TO US AS TO HOW TO MAKE BETTER
7 DETERMINATIONS ON THE RUNNING OF THE HOSPITAL. I WILL ASK THE
8 QUESTION ONE MORE TIME: WHY IS IT, IF YOU MADE THAT
9 RECOMMENDATION TO US AS CONSULTANTS, THAT YOU YOURSELF DID NOT
10 HONOR THAT ADVICE?

11

12 **HANK WELLS:** MADAM CHAIRPERSON, WE, IN FACT, HONOR ALL OF THE
13 ADVICE OF THE HOSPITAL ADVISORY BOARD. WE WILL NEVER AGREE
14 WITH EVERY SINGLE ISSUE, ON EVERY SINGLE POINT OF EVERY SINGLE
15 ISSUE. THERE ARE ALWAYS GOING TO BE DIFFERENCES OF OPINION.
16 THOSE ARE HONEST DIFFERENCES.

17

18 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO IS THAT THE ISSUE, THEN, IS
19 THAT YOU WILL ONLY ACCEPT THE GOVERNANCE RECOMMENDATIONS WHEN
20 THEY SUIT YOUR NEEDS BUT YOU WILL NOT ACCEPT THEM IF THEY DO
21 NOT MEET YOUR NEEDS?

22

23 **HANK WELLS:** NO, MA'AM, THAT'S NOT THE CASE.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** WELL, I JUST WANT TO UNDERSTAND WHAT
2 YOU'RE TELLING US TO DO. YOU MADE A RECOMMENDATION TO US TO
3 PUT IN PLACE A GOVERNANCE STRUCTURE. WE HONORED THAT. BUT NOW
4 YOU'RE TELLING ME WE DON'T HAVE TO, JUST LIKE YOU DON'T HAVE
5 TO, HONOR THEIR ADVICE, ONLY IF IT MEETS YOUR NEEDS.

6

7 **HANK WELLS:** WELL, I HOPE THAT WASN'T WHAT I HAD SAID. THAT
8 WASN'T WHAT I INTENDED TO SAY.

9

10 **SUP. MOLINA, CHAIR:** THEN PLEASE EXPLAIN IT ONE MORE TIME.

11

12 **HANK WELLS:** I THINK-- YOU HAVE APPOINTED SOME VERY TALENTED
13 ADVISORS IN THIS HOSPITAL ADVISORY BOARD. THEY HAVE STRUGGLED
14 WITH THIS DECISION, MUCH AS YOU ARE TODAY, AND THEY CAME TO A
15 CONCLUSION THAT THERE WERE CERTAIN ACTIONS THAT THEY WANTED TO
16 RECOMMEND TO THIS BOARD. THEY HAVE DONE SO AND WE CERTAINLY,
17 WE CERTAINLY STAND WITH THAT HOSPITAL ADVISORY BOARD IN
18 WHATEVER ACTIONS THEY FEEL IT IS APPROPRIATE TO TAKE. OUR JOB
19 WAS TO PROVIDE THEM WITH ADVICE AND WE PROVIDED THEM WITH THAT
20 ADVICE AND THEN THEY CHOSE TO MAKE A DECISION THAT WAS BASED
21 ON THEIR BEST JUDGMENT. I'M SORRY.

22

23 **SUP. MOLINA, CHAIR:** WELL, IT IS, AGAIN, I'M TRYING TO
24 UNDERSTAND WHETHER, IN FACT, THE GOVERNANCE BOARD IS GOING TO
25 BE ADDRESSED OR NOT. THERE HAVE BEEN ISSUES AS TO WHO IS IN



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1 CHARGE OF WHAT AND THAT'S WHY, IN MY MOTION, I WAS TRYING TO
2 CREATE A CLARIFICATION TO EMPOWER THE HOSPITAL ADVISORY BOARD
3 SO THAT THEY COULD TAKE AN ACTIVE ROLE. I THINK IT'S ALSO THE
4 SAME QUESTION I WOULD HAVE OF DR. GARTHWAITE, WHO ALSO JOINED
5 WITH NAVIGANT AT THAT TIME AND SAID THAT THE BEST THING FOR
6 WAS TO CREATE THIS ADVISORY, NOT A HOSPITAL AUTHORITY AT THAT
7 POINT IN TIME, BUT AN ADVISORY SO THAT THEY COULD RECOMMEND TO
8 US THE BEST COURSE OF ACTION. AND THEN AGAIN, WE DON'T HEED
9 THEIR ADVICE. I THINK THAT'S BASICALLY ONE OF THE THINGS.

10 THERE IS ADVICE AND THEN THERE'S ADVICE YOU DON'T LISTEN TO.
11 LET ME ASK A QUESTION WITH REGARD TO THE ISSUES OF THE
12 BEILENSON. WHAT IS THE NOTIFICATION TIME FRAME ON BEILENSONS?

13

14 **RAY FORTNER, COUNSEL:** MADAM CHAIR, IT'S 14 DAYS.

15

16 **SUP. MOLINA, CHAIR:** 14 DAYS. ALL RIGHT. SO, RIGHT NOW, I MEAN,
17 ONE OF THE THINGS THAT I MENTIONED TO DR. GARTHWAITE WHEN HE
18 BRIEFED ME ON THESE ITEMS, WHAT WAS TROUBLING FOR ME AS HE WAS
19 PURSUING THIS AND I SAID TO HIM, "I DO NOT KNOW WHY YOU WANT
20 TO TELL THE COMMUNITY THAT YOU'RE ELIMINATING ANY SERVICE
21 WHATSOEVER WITHOUT A PATHWAY TO SOME SUCCESS." THERE IS
22 NOTHING IN THE REPORT THAT TELLS US THAT THERE IS ANY CHANGE
23 THAT IS BEING MADE ON THE ADMINISTRATIVE LEVEL, WE'RE STILL IN
24 THE SAME PROCESS THAT WE WERE THREE MONTHS AGO. WE'RE IN THE
25 PROCESS OF HIRING, WE'RE IN THE PROCESS OF MOVING FORWARD,



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1 WE'RE IN THE PROCESS OF TRAINING, WE'RE IN THE PROCESS OF
2 TRYING TO GET EVERYONE ORGANIZED AND PREPARED TO DO THE RIGHT
3 THING. IN THE AREA OF TRYING TO LOOK AT SOME OF THE PATIENT
4 CONCERNS AND THE PATIENT SAFETY CONCERNS, WE ARE IN THE
5 PROCESS OF DOING THESE THINGS. WHEN I TOOK THE ADVICE OF DR.
6 GARTHWAITE, AND ALL OF US LOOKED AT THAT ISSUE BECAUSE WE KNOW
7 HOW ENGAGING AND HOW DIFFICULT AND HOW STRESSFUL A TRAUMA
8 FACILITY CAN BE TO THE REST OF A HOSPITAL, THE PROMISE WAS AT
9 THAT TIME THAT, IF YOU TELL THE COMMUNITY THAT WE'RE GOING TO
10 REMOVE THESE SERVICES AND GET THEM INTO AN AREA, AS LONG AS
11 THEY STILL HAVE COVERAGE OF THAT, WE WILL BE ABLE TO HEAL THE
12 REST OF THE HOSPITAL. AND I REMEMBER SPEAKING TO THE PUBLIC AT
13 THAT TIME AND TALKING ABOUT IT. THAT, IN ORDER TO HEAL THE
14 PATIENT, IT WAS LIKE TAKING AN AMPUTATION AT THAT TIME IN
15 ORDER TO PROVIDE HEALTH TO THE REST OF THE BODY. YET, AT THE
16 SAME TIME, WE, IN THIS REPORT THAT IS PROVIDED, ALL IT REALLY
17 DEMONSTRATES TO US IS THAT YOU'RE CUTTING BACK ON SERVICES
18 THAT I THINK FOR A LONG TIME YOU'VE KNOWN ARE NOT THE MOST
19 EFFECTIVE AND EFFICIENT DELIVERY OF SERVICES. WE KNOW THAT.
20 THAT'S TRUE AT L.A. COUNTY U.S.C., THAT IS TRUE AT HARBOR,
21 THAT IS TRUE ACROSS THE BOARD. THE PRIVATES ARE DOING A MUCH,
22 MUCH BETTER JOB THAN WE ARE IN O.B. AND, UNFORTUNATELY,
23 THERE'S STILL A TREMENDOUS NEED FOR A NICU. I DON'T KNOW
24 REGIONALLY WHERE THEY ARE GOING. I VISITED OUT IN POMONA AND
25 THEY HAD 60 NICU BEDS AND ALL 60 ARE FILLED AND SO I DON'T



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1 KNOW WHAT THE REGIONAL NEED OF NICU IS SINCE WE HAVE ONE OF
2 THE MOST, YOU KNOW, UP-TO-DATE N.I.C.U.S AVAILABLE AND I KNOW
3 THAT THAT'S A PERSONAL PASSION IN THIS COMMUNITY AS WELL. I
4 REMEMBER WHEN IT WAS PUT IN PLACE AND THE PRIDE THAT WAS
5 TAKEN. SO IT'S HARD FOR ME TO UNDERSTAND WHY, DR. GARTHWAITE,
6 YOU COULDN'T HAVE CREATED A BETTER PATHWAY TO SUCCESS. THERE
7 IS NOTHING IN HERE THAT TELLS US THAT, IF WE ELIMINATE THESE
8 SERVICES, WE HAVE A BETTER CHANCE OF SUCCEEDING. YOU KEEP
9 AMPUTATING THIS BODY. AT A CERTAIN POINT IN TIME, IT WILL HAVE
10 NO NEED TO LIVE OR ANY ABILITY TO LIVE. AND SO, CONSEQUENTLY,
11 I NEED TO HAVE BETTER ASSURANCES FROM YOU... [APPLAUSE]

12

13 **SUP. MOLINA, CHAIR:** PLEASE, PLEASE, PLEASE. EXCUSE ME, VIOLET.
14 I CAN'T SEE DR. GARTHWAITE. I NEED BETTER ASSURANCES FROM YOU
15 THAT ACCEPTING A RECOMMENDATION FROM YOU AT THIS POINT IN TIME
16 IS GOING TO LEAD TO SOME SEMBLANCE OF SOME SUCCESS.

17

18 **DR. THOMAS GARTHWAITE:** LOOK, WITH, YOU KNOW, WITH REGARDS TO
19 THE ACTION I'VE TAKEN IN TRAUMA, I THINK THERE'S AT LEAST--
20 THE CONVERSATIONS I'VE HAD WITH NAVIGANT AND OTHERS, THAT THEY
21 FOUND THAT TRYING TO RUN TRAUMA AT THE SAME TIME, IF THEY
22 TRIED TO DO ALL THE OTHER THINGS THEY'VE BEEN TRYING TO
23 ACCOMPLISH AT THE MEDICAL CENTER, WOULD NOT HAVE BEEN MAYBE
24 NOT POSSIBLE BUT IT CERTAINLY WOULD HAVE MADE THEIR JOB MUCH--
25 MUCH HARDER. AND THE SECOND THING I WOULD SAY IS THAT THERE IS



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1 CERTAINLY SOME EVIDENCE OF SOME PROGRESS, YOU KNOW? YOU KNOW,
2 I THINK YOU'RE RIGHT TO ASK, YOU KNOW, WE DID CLOSE TRAUMA AND
3 WE'RE NOT DONE YET. I DON'T THINK THERE'S ANYONE IN THE ROOM
4 MORE FRUSTRATED THAT WE'RE NOT DONE THAN I AM. I THINK THAT,
5 YOU KNOW, THAT-- I BELIEVE THAT WE'VE MADE PROGRESS AND I BASE
6 THAT ON OUR-- THE RECENT J.C.A.H.O. MOCK SURVEY THAT BASICALLY
7 SAID THERE ARE A LOT OF TURNAROUNDS GOING AROUND OUT THERE,
8 MAYBE, YOU KNOW, MOVE FROM YOUR CONCENTRATION HERE TO YOUR
9 CONCENTRATION HERE. AND I LOOKED AT THE C.M.S. REPORT. THEY
10 SAY, YEAH, THERE'S REALLY EVIDENCE OF MOVING FORWARD. YOU
11 STILL HAVE WORK TO DO. SO WHAT I'M TAKING AWAY FROM THIS IS
12 THAT, WHATEVER STRATEGIES WE'VE USED TO TRY AND MOVE THE
13 HOSPITAL TOWARDS FULL ACCREDITATION AND FULL C.M.S. APPROVAL
14 AND MEETING THE CONDITIONS OF PARTICIPATION, THAT WE'VE MADE
15 SOME PROGRESS. AND I SAW THAT WHEN I MADE ROUNDS AND I THINK
16 WE HAVE OTHER OBJECTIVE DATA. BUT WE ALSO SEE VERY OBJECTIVE
17 DATA THAT WE HAVE WORK TO DO. AND I THINK THAT, YOU KNOW, IT'S
18 VERY POSSIBLE WE COULD GET TO DECEMBER AND PASS THE INSPECTION
19 AND ALL COULD BE WELL. ON THE OTHER HAND, WE COULD GET TO
20 DECEMBER, JANUARY TIME FRAME AND WE COULD HAVE ENOUGH
21 SIGNIFICANT AMOUNT MORE WORK TO DO AND WE WOULD BE AT THE
22 BEGINNING OF THE PROCESS. THAT'S WHY I THINK WE NEED TO MAKE
23 SURE WE HAVE AS MANY OPTIONS AVAILABLE AND WE'VE MOVED AS FAR
24 ALONG AS WE CAN MOVE SO THAT WE HAVE TAKEN AS MANY OPTIONS AS



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1 WE CAN TO ASSURE THAT WE'RE NOT-- WE'RE NOT, IN THE JANUARY
2 THROUGH MARCH OR APRIL TIME FRAME, WITHOUT ANY OPTIONS.

3

4 **SUP. MOLINA, CHAIR:** AND, DR. GARTHWAITE, IN THE MOTION THAT I
5 PUT FORTH, WHICH REALLY ASKS A SERIES OF QUESTIONS OF TRYING
6 TO CLARIFY THE REPORT WITH A SERIES OF ANALYSIS, WITH A SERIES
7 OF ACTIONS THAT WOULD BETTER DEFINE AS TO HOW WE'RE GOING TO
8 MOVE FORWARD IN A PATH OF CORRECTIVE POLICIES AND PROCEDURES,
9 WHICH I OUTLINED IN MY MOTION, WHAT HARM WOULD THERE BE, AT
10 THIS POINT IN TIME, OF ACCEPTING THAT MOTION AND DELAYING THE
11 BEILENSEN, SINCE NOTIFICATION IS ONLY, WHAT, 15 DAYS' NOTICE?
12 14 DAYS' NOTICE, BECAUSE IT STILL WOULD GIVE US ENOUGH TIME,
13 IF WE GOT YOUR REPORT AT THE END OF SEPTEMBER, WHAT WOULD BE
14 THE PROBLEM, ONCE WE GOT THAT REPORT, TO CALL FOR BEILENSONS
15 AT THAT TIME? IT WOULD GIVE AN OPPORTUNITY NOT ONLY TO CARRY
16 OUT MAYBE A MORE THOUGHTFUL DISCUSSION WITH THE HOSPITAL
17 ADVISORY BOARD FROM THE STANDPOINT OF HOW WE CAN CREATE A
18 BETTER PATHWAY TO COLLECTIVE SUCCESS, IT WOULD GIVE YOU AN
19 OPPORTUNITY TO HOPEFULLY SIT DOWN WITH SOME OF THE MEMBERS OF
20 CONGRESS THAT UNFORTUNATELY FELT THAT YOU WERE VERY ABRUPT
21 WITH THEM FROM THE STANDPOINT OF INCLUDING THEM AS
22 STAKEHOLDERS. WHAT HARM WOULD THERE BE IN ASKING THAT YOU
23 CARRY FORTH ANY ASPECT OF MY MOTION AND DO ALL OF THE WORK
24 THAT NEEDS TO BE DONE THERE WITH ENOUGH TIME BY THE END OF
25 SEPTEMBER? THAT STILL GIVES YOU THE OPPORTUNITY AS, QUOTE,



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1 "OUR ADVISOR ON THIS ISSUE" TO ASK US TO CALL FOR BEILENSONS
2 AT THE END OF SEPTEMBER FOR OCTOBER. WHAT HARM WOULD IT DO?

3

4 **DR. THOMAS GARTHWAITE:** I'M NOT SURE THAT THERE IS ANY HARM TO
5 THAT. I THINK THAT...

6

7 **SUP. MOLINA, CHAIR:** WOULD YOU RECOMMEND MY RECOMMENDATION TO
8 THIS BOARD, SIR?

9

10 **DR. THOMAS GARTHWAITE:** I DON'T THINK I WANT TO GO THERE. THE
11 THIRD RECOMMENDATION IS THAT I THINK THAT WE WOULD NOT PURSUE
12 THE CONTRACTING OUT. I THINK I DO HAVE TROUBLE WITH THAT
13 PARTICULAR RECOMMENDATION IN THAT...

14

15 **SUP. MOLINA, CHAIR:** WHAT IF WE PUT THAT AT A SEPARATE PART OF
16 THE MOTION? WOULD YOU RECOMMEND MY MOTION TO THIS BOARD?

17

18 **SUP. YAROSLAVSKY:** MADAM CHAIR, CAN I...

19

20 **SUP. MOLINA, CHAIR:** EXCUSE ME. EXCUSE ME.

21

22 **SUP. YAROSLAVSKY:** SINCE IT'S MY MOTION, I'D LIKE TO ADDRESS
23 IT.

24



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1 **SUP. MOLINA, CHAIR:** EXCUSE ME, I'M NOT ASKING ABOUT YOUR
2 MOTION, I'M ASK ABOUT MY MOTION! [APPLAUSE] MR. YAROSLAVSKY,
3 I ASKED YOU IF YOU WANTED TO SPEAK... [APPLAUSE]

4

5 **SUP. YAROSLAVSKY:** NO, MS. MOLINA, I KNOW, BUT YOU'RE ASKING
6 SOMETHING ABOUT...

7

8 **SUP. MOLINA, CHAIR:** NO, I'M ASKING ABOUT MY MOTION AT THIS
9 POINT.

10

11 **SUP. YAROSLAVSKY:** YEAH. WELL, YOU'RE ASKING...

12

13 **SUP. BURKE:** IT DOESN'T EVEN AFFECT YOUR OCTOBER 16TH. WHAT
14 DATE IS YOUR...

15

16 **SUP. YAROSLAVSKY:** WELL, IF I COULD-- OCTOBER 18TH AND IF I
17 COULD...

18

19 **SUP. BURKE:** IT DOESN'T AFFECT IT!

20

21 **SUP. YAROSLAVSKY:** WELL, IT DOES IF I HAD A CHANCE TO SAY IT.

22

23 **SUP. MOLINA, CHAIR:** MR. GARTHWAITE, DON'T LET HIM INTIMIDATE
24 YOU. PLEASE ANSWER MY QUESTION.

25



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1 **SUP. YAROSLAVSKY:** YEAH, DON'T LET ME INTIMIDATE YOU, MR.-- DR.
2 GARTHWAITE. [LAUGHTER]

3

4 **DR. THOMAS GARTHWAITE:** RIGHT. WELL, I DON'T-- IN TERMS OF THE
5 FIRST NUMBER ONE, WHAT I DON'T KNOW WHETHER OR NOT THAT
6 REQUIRES ANOTHER BOARD HEARING AND, YOU KNOW, IS THAT JUST
7 PUTTING OFF A DECISION THAT NEEDS TO BE MADE AND DOES THAT
8 REQUIRE A WHOLE OTHER PRESENTATION AND PUBLIC COMMENT PERIOD
9 AND SO FORTH. I WOULD, YOU KNOW-- IN TERMS OF THE DATE,
10 THERE'S NOT MUCH DIFFERENCE IN THE DATE BETWEEN WHAT WE HAVE
11 SUGGESTED IN OUR TIME FRAME, I THINK, AND THE OTHER DATE. AND
12 THE QUESTION IS, DO YOU REALLY NEED ANOTHER SPECIFIC HEARING
13 WHERE WE COME BACK AND GO THROUGH THIS AGAIN TO SET THAT IN
14 MOTION? AND...

15

16 **SUP. YAROSLAVSKY:** IT'S IMPOSSIBLE TO SCHEDULE THIS BOARD 14
17 DAYS AHEAD OF TIME. YOU CAN'T SCHEDULE A MEN'S ROOM OR LADY'S
18 ROOM VISIT IN 14 DAYS AROUND HERE AND THAT'S WHY, WHEN WE DID
19 THE TRAUMA, WE GAVE IT TWO MONTHS. YOU'VE GOT PAPERWORK TO DO.
20 WHILE THE LAW MAY REQUIRE 14 DAYS, IT CAN'T BE DONE IN 14 DAYS
21 AND TO GET FIVE OF US HERE ON A MONTH HERE WHERE THERE ARE
22 HOLIDAYS IS VERY DIFFICULT, SO THAT'S WHY WE SET THAT TIME. IF
23 YOU WANT TO MOVE IT UP, MOVE IT UP BUT I'M NOT GOING THROUGH
24 THIS AGAIN.

25



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1 **SUP. MOLINA, CHAIR:** MR. GARTHWAITE, DO YOU WANT TO MOVE IT UP?
2 I MEAN, IF YOU CAN DO THIS WORK ON SEPTEMBER THE 12TH, THEN
3 LET'S GET IT DONE ON SEPTEMBER THE 12TH.

4

5 **SUP. YAROSLAVSKY:** HE RECOMMENDED OCTOBER 17TH.

6

7 **SUP. MOLINA, CHAIR:** NO, NO, NO, I'M TALKING ABOUT THE ANSWERS
8 TO THE QUESTIONS THAT I'M RAISING.

9

10 **SUP. YAROSLAVSKY:** I'M TALKING ABOUT THE BEILENSONS.

11

12 **DR. THOMAS GARTHWAITE:** NO, I DON'T WANT TO MOVE UP THE DATE IN
13 TERMS OF PROVIDING ANSWERS. WE HAVE A LOT OF REPORTS THAT ARE
14 DUE OF VARIOUS KINDS AND...

15

16 **SUP. MOLINA, CHAIR:** I UNDERSTAND BUT WHAT I AM ASKING YOU IS,
17 AGAIN, OF THESE ACTIONS THAT WE'VE PUT IN HERE, I DON'T THINK
18 THEY'RE UNREALISTIC FROM THE STANDPOINT OF NEEDING MORE
19 INFORMATION TO MAKE AN INFORMED DECISION.

20

21 **DR. THOMAS GARTHWAITE:** NO, AND WE'RE COMMITTED TO WORK NIGHT
22 AND DAY TO GET THE INFORMATION TOGETHER AND PRESENT IT TO YOU.

23

24 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO THAT, IF, IN FACT, IN ORDER
25 FOR US TO MAKE AN INFORMED DECISION, AN INFORMED DECISION IS



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1 MAKING A DECISION ABOUT WHEN TO SET THE BEILENSONS. EVERYONE
2 KNOWS, AND THAT'S WHAT THE BEILENSEN HEARINGS ARE ABOUT, IS TO
3 LET EVERYONE IN THE WORLD KNOW THAT THERE'S A REDUCTION IN
4 SERVICES. THAT'S LEGISLATIVELY MANDATED. SO, BEFORE WE PUT,
5 YOU KNOW, THE COMMUNITY ON EDGE ON THIS, WE WERE ONLY SUPPOSED
6 TO BE REVIEWING, AT THIS POINT IN TIME, YOUR OPTIONS AND YOUR
7 RECOMMENDATIONS. SO IT WOULDN'T HURT, AT THIS POINT IN TIME,
8 TO JUST GET SOME ASSURANCES THAT WE'RE GOING TO GET THIS
9 INFORMATION BEFORE WE CALL FOR A REDUCTION IN SERVICES.

10

11 **DR. THOMAS GARTHWAITE:** WELL, LIKE I-- WE WILL-- WE WILL
12 PROVIDE YOU THE INFORMATION AND LEAVE IT UP TO YOU AS TO WHEN--
13 - WE MADE A RECOMMENDATION I THINK WITH REGARDS TO THE
14 BEILENSEN AND I STAND BY THE RECOMMENDATION.

15

16 **SUP. MOLINA, CHAIR:** AND SO YOUR RECOMMENDATION IS THAT, ON
17 TODAY, WHICH IS WHAT, AUGUST THE 16TH? IS THAT CORRECT?

18

19 **DR. THOMAS GARTHWAITE:** YES.

20

21 **SUP. MOLINA, CHAIR:** THAT WE SHOULD CALL FOR BEILENSEN HEARINGS
22 ON OCTOBER THE WHAT?

23

24 **DR. THOMAS GARTHWAITE:** WE CALL FOR OCTOBER 17TH.

25



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1 **SUP. MOLINA, CHAIR:** OCTOBER THE 17TH. THAT'S, WHAT, ALMOST TWO
2 MONTHS? OCTOBER 18TH. IS THAT FOR SOMETHING THAT ONLY LEGALLY
3 NEEDS TO BE NOTICED BY 14 DAYS?

4

5 **DR. THOMAS GARTHWAITE:** BUT A CONSIDERABLE AMOUNT OF BACKGROUND
6 WORK HAS TO BE PUT INTO THE LEGAL NOTICE. THERE'S, I THINK,
7 SPECIFIC REQUIREMENTS THAT WE WOULD HAVE TO HAVE AVAILABLE IN
8 THAT NOTICE, IF I REMEMBER OUR PREVIOUS BEILENSEN HEARINGS.

9

10 **SUP. KNABE:** BUT IN THE LEGAL NOTICE BUT TO RESPOND TO THE
11 QUESTIONS RAISED BY YOUR MOTION.

12

13 **SUP. MOLINA, CHAIR:** BUT MY MOTION HAS NOT BEEN PASSED. RIGHT
14 NOW...

15

16 **SUP. KNABE:** WELL, I MEAN, THERE'S PORTIONS OF IT THAT YOU HAVE
17 SUPPORT FOR. THERE ARE OTHER PORTIONS THAT YOU DON'T HAVE IT.

18

19 **SUP. MOLINA, CHAIR:** BUT, SUPERVISOR KNABE, MY ISSUE IS THAT
20 I'M TRYING TO GET AN UNDERSTANDING OF WHAT NEEDS TO BE PUT IN
21 THAT. I WOULD LOVE A LOT OF THIS INFORMATION BEFOREHAND AND
22 THEN I COULD MAKE A DETERMINATION AS TO WHETHER, IN FACT-- YOU
23 KNOW, AT THE END OF THE DAY, THERE ARE MANY ISSUES AND THAT'S
24 PROBABLY TRUE, I THINK SOMEBODY TESTIFIED TO THE FACT THAT WE
25 HAVE REDUCTIONS OF O.B. SERVICES AND OTHERS THROUGHOUT OUR



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1 HOSPITALS AND PROBABLY BE A WORTHWHILE RECOMMENDATION IN SOME
2 OF THESE AREAS. BUT, AT THE SAME TIME, THERE ARE MANY ISSUES.
3 AND THE PROBLEM THAT I HAVE AND THAT I CONTINUE TO HAVE IS
4 THAT YOU KEEP ASKING ME TO ELIMINATE SERVICES WITHOUT CREATING
5 A MECHANISM THAT I CAN TRUST IS GOING TO START ASSURING
6 MYSELF, J.C.A.H.O., C.M.S., THIS COMMUNITY, ELECTED OFFICIALS
7 THAT WE ARE ON A PATHWAY TO MAKING THE CORRECTIONS. WE THOUGHT
8 WE HAD MUCH OF THAT IN PLACE WHEN WE LOOKED AT ELIMINATING
9 TRAUMA, BRINGING IN NAVIGANT, LOOKING AT A PATHWAY OF HOW TO
10 CREATE A HEALTH ADVISORY BOARD BUT WE DID ALL OF THOSE THINGS
11 AND NOW ALL I AM BEING ASKED IS TO CUT SOME MORE WITHOUT THE
12 ASSURANCES THAT I HAVE SOME PATH OF SUCCESS. YOU TELL ME THAT,
13 IN DECEMBER, IT COULD HAPPEN, IT MIGHT NOT HAPPEN AND I JUST
14 THINK THAT IT'S VERY TROUBLING FOR ME TO CONTINUE TO BE
15 HEEDING ADVICE FROM A MEDICAL DIRECTOR THAT KEEPS TELLING ME
16 IT MAY OR MAY NOT HAPPEN. [APPLAUSE]

17

18 **SUP. MOLINA, CHAIR:** EXCUSE ME! I NEED STRONGER ASSURANCES AND
19 THAT'S WHY I PUT MY MOTION IN PLACE. AND I DON'T THINK WE NEED
20 TO CALL FOR THE BEILENSONS. YOU KNOW, I'M REALLY SORRY IF IT
21 TAKES YOU AN AWFUL LOT OF TIME TO TELL THE COMMUNITY THE
22 PROPER LEGAL NOTICE THAT YOU HAVE TO GIVE THEM AS TO WHY, BUT
23 DON'T TELL THE COMMUNITY WITHOUT INFORMATION OR PATHWAY TO
24 SUCCESS, "I'M ELIMINATING SERVICES, I'M GOING TO LET YOU KNOW



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1 NOW BECAUSE I GOT A LOT OF WORK TO DO." THAT SHOULD BE OUR
2 PROBLEM, NOT THEIR PROBLEM. [SCATTERED APPLAUSE]

3

4 **SUP. MOLINA, CHAIR:** HOW MANY WORKING DAYS WOULD YOU NEED IN
5 ORDER TO GIVE APPROPRIATE LEGAL NOTICE, BESIDES THE
6 NOTIFICATION OF THE 14 DAYS?

7

8 **DR. THOMAS GARTHWAITE:** I HAVE TO REVIEW WITH COUNSEL WHAT'S
9 REQUIRED IN THE ACTUAL NOTICE BUT MY RECOLLECTION, FROM
10 PREVIOUS BEILENSEN NOTICES, IS THAT THERE'S A SIGNIFICANT
11 AMOUNT OF DETAIL, FINANCIAL AND H.R. AND OTHER ANALYSES...

12

13 **SUP. MOLINA, CHAIR:** HOW LONG DID IT TAKE YOU THE LAST TIME?

14

15 **DR. THOMAS GARTHWAITE:** DOES ANYONE REMEMBER?

16

17 **SUP. YAROSLAVSKY:** TWO MONTHS.

18

19 **DR. THOMAS GARTHWAITE:** COUPLE-- IT TOOK AWHILE.

20

21 **SUP. MOLINA, CHAIR:** IT TOOK TWO MONTHS?

22

23 **SUP. YAROSLAVSKY:** TWO MONTHS. WE CALLED FOR BEILENSONS IN
24 EARLY SEPTEMBER AND WE HAD THEM IN EARLY NOVEMBER.

25



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1 **SUP. MOLINA, CHAIR:** ISN'T THERE ANY WAY THAT YOU COULD PUT
2 SOME EFFORT TO TRY AND GET THE BEILENSEN INFORMATION DONE A
3 MONTH? I MEAN, YOU'VE HAD IT OVERTIME FOR SOME OF YOUR PEOPLE
4 AND SOME OTHER AREAS FOR OTHER PRIORITIES.

5

6 **DR. THOMAS GARTHWAITE:** YOU KNOW, I HESITATE, WITHOUT FACTS IN
7 MY HAND, TO PROMISE YOU A DATE.

8

9 **SUP. YAROSLAVSKY:** MADAM CHAIR?

10

11 **SUP. MOLINA, CHAIR:** YES, SIR, MR. YAROSLAVSKY.

12

13 **DR. THOMAS GARTHWAITE:** THE ANSWER IS WE'LL TRY THE BEST WE
14 CAN.

15

16 **SUP. YAROSLAVSKY:** MADAM CHAIR, LET ME JUST-- THE ISSUE OF THE
17 BEILENSONS IS IN MY MOTION AND, NOTWITHSTANDING ANY OTHER
18 QUESTIONS, I AM PROPOSING OCTOBER 18TH, BECAUSE WE HAVE ASKED
19 FOR A SERIES-- FIRST OF ALL, WE HAVE NOT MADE UP OUR MIND AND
20 I THINK THAT'S VERY IMPORTANT TO RESTATE. I THINK YOU HEARD IT
21 FROM MR. KNABE, YOU HEARD IT FROM MR. ANTONOVICH AND NOW
22 CERTAINLY YOU'LL HEAR IT FROM ME. WHAT WE DON'T WANT TO DO IS
23 FORECLOSE THE OPTION. EVERY MAN, WOMAN AND CHILD WHO FOLLOWS
24 THIS BOARD UNDERSTANDS THE DIFFICULTY OF HERDING US FIVE CATS.
25 IT TOOK US TWO MONTHS TO DO THE BEILENSEN ON THE TRAUMA CENTER



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1 LAST YEAR, TWO MONTHS FROM THE TIME WE VOTED ON IT HERE TO
2 CALL THE BEILENSONS, THE TIME WE HELD THE BEILENSONS AND THEN
3 THE FOLLOWING WEEK WE ACTED ON IT, NUMBER 1. NUMBER 2, WE WANT
4 TO GIVE TIME. IF, IN FACT, THE HOSPITAL ADVISORY BOARD HAS NOT
5 ALREADY MADE UP ITS MIND, WHICH IS HARD FOR ME TO COMPREHEND
6 BECAUSE THEY HAVE OPPOSED THE RECOMMENDATION, THEY DIDN'T ASK
7 US FOR MORE TIME TO CONSIDER THE RECOMMENDATION, THEY JUST
8 OPPOSED THE RECOMMENDATION. BUT MAYBE THEY'LL HAVE AN
9 OPPORTUNITY TO REASSESS THAT AND PRESENT IT WITH ALL THE DATA
10 THAT THEY WANT AND NEED TO MAKE AN INFORMED DECISION, MAYBE
11 THEY'LL RECONSIDER THEIR POSITION, MAYBE NOT. THAT'S THEIR
12 DECISION. THEY'RE AN ADVISORY BOARD, THEY'RE NOT A GOVERNANCE
13 BOARD. THEY'RE AN ADVISORY BOARD. SO WHAT WE WANTED TO DO IS
14 GIVE THE HOSPITAL ADVISORY BOARD MORE THAN ENOUGH TIME TO
15 RESPOND TO THE ISSUES IN YOUR MOTION, MS. MOLINA AND...

16

17 **SUP. MOLINA, CHAIR:** YOU NEVER KNEW ABOUT MY MOTION BEFORE
18 UNTIL I INTRODUCED IT.

19

20 **SUP. YAROSLAVSKY:** AND-- NO, THAT'S RIGHT, I DIDN'T KNOW ABOUT
21 IT UNTIL FRIDAY NIGHT, THAT'S RIGHT AND, WITH TWO EXCEPTIONS,
22 IT'S A FINE MOTION BUT THEY NEED TIME TO RESPOND TO ALL OF
23 THAT. LET THEM...

24

25 **SUP. BURKE:** WHAT ARE THE TWO EXCEPTIONS?



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1

2 **SUP. YAROSLAVSKY:** I ALREADY STATED THEM. I'LL STATE THEM AGAIN
3 IF YOU'D LIKE, ITEMS 1 AND 3.

4

5 **SUP. BURKE:** 1...

6

7 **SUP. YAROSLAVSKY:** OKAY. LET ME JUST FINISH MY THOUGHTS,
8 YVONNE. THANKS. SO YOU OUGHT TO HAVE THE TIME TO RESPOND, TO
9 PROPOSE ANY ALTERNATIVES THAT YOU MAY HAVE AFTER YOU EVALUATE
10 ALL THE DATA AND THEN DR. GARTHWAITE AND HIS STAFF OUGHT TO
11 HAVE THE OPPORTUNITY TO RESPOND TO THAT AND WE ALL, ON THE
12 BOARD OF SUPERVISORS, WHO HAVE FREQUENTLY BEEN REMINDED THAT
13 WE ARE THE GOVERNING BODY AND ARE ULTIMATELY RESPONSIBLE FOR
14 THE PERFORMANCE OF OUR HEALTH SYSTEM, THEN HAVE AN OPPORTUNITY
15 TO ASSESS ALL OF THE INFORMATION THAT IS PRESENTED TO US FROM
16 ALL PARTIES, NOT JUST THE HOSPITAL ADVISORY BOARD, FROM THE
17 CONGRESS PEOPLE, FROM OTHER ELECTED OFFICIALS, STAKEHOLDERS IN
18 THE COMMUNITY, ET CETERA. THAT IS NOT GOING TO BE DONE IN 14
19 DAYS, IT'S NOT GOING TO BE DONE IN 24 DAYS AND, FRANKLY, IT
20 WON'T BE DONE IN 44 DAYS AND IT'S GOING TO BE HARD TO DO IT IN
21 60 DAYS. IT'S GOING TO BE-- WE KNOW HOW THIS PLACE OPERATES.
22 SO RATHER THAN RUSH INTO ANYTHING AND RATHER THAN HAVE THIS
23 VERY SAME HEARING ONE MORE TIME AND, IN ORDER TO KEEP OUR
24 FOCUS, BECAUSE NOTHING HAS CHANGED AT THIS HOSPITAL. SOMEBODY
25 SAID WE'VE GOT A GUN TO THE HEAD OF THE HOSPITAL, WE'RE



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1 HOLDING THE FEET OF THE HOSPITAL TO THE FIRE. NOTHING HAS
2 CHANGED AT THAT HOSPITAL UNLESS THE FEET HAVE BEEN HELD TO THE
3 FIRE. NOTHING HAS CHANGED AT DREW UNIVERSITY WITHOUT THE FEET
4 BEING HELD TO THE FIRE. AND I BELIEVE THAT DEFERRING THE
5 RECOMMENDATION-- WE ASKED DR. GARTHWAITE, WE ALL KNOW WHEN WE
6 ASKED DR. GARTHWAITE LAST SEPTEMBER TO GIVE US HIS BEST
7 MEDICAL ADVICE AND HE WAS RETICENT TO GIVE US HIS BEST MEDICAL
8 ADVICE BECAUSE HE DIDN'T WANT TO GO THROUGH WHAT HE'S GONE
9 THROUGH TODAY AND I APPRECIATE THAT. I APPRECIATE THAT. [
10 INTERJECTIONS]

11

12 **SUP. YAROSLAVSKY:** EXCUSE ME. I SHOWED YOU RESPECT. I HOPE
13 YOU'LL SHOW ME RESPECT. DR. GARTHWAITE WAS RETICENT TO GIVE US
14 HIS BEST MEDICAL ADVICE. WE'VE URGED HIM, WE BEGGED HIM, WE
15 CAJOLED HIM, GIVE US YOUR BEST MEDICAL ADVICE, DON'T YOU WORRY
16 ABOUT THE POLITICS OR THE COMMUNITY REACTION, THAT'LL BE OUR
17 JOB. AND HE HAS FINALLY-- I SHOULDN'T SAY FINALLY BUT
18 CERTAINLY AT A LEVEL THAT HAS NEVER BEEN DISPLAYED BEFORE, HAS
19 GIVEN US HIS BEST MEDICAL JUDGMENT IN A CLEAR AND CONCISE WAY
20 AND NOW WHAT DO WE DO? WE'RE GOING TO BEAT HIM UP. NOW, YOU
21 MAY HAVE YOUR PROBLEMS WITH HIM AND OTHERS MAY HAVE THEIR
22 PROBLEMS WITH HIM BUT I TAKE IT AT FACE VALUE. HE IS
23 ULTIMATELY THE PERSON WHO IS RESPONSIBLE, NOT NAVIGANT, NOT
24 HECTOR FLORES, NOT JIM LOTT, NOT ANY OTHER MEMBER OF THE
25 HOSPITAL ADVISORY BOARD FROM WHOM I HAVE EMAILS SAYING THEY



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1 THOUGHT HIS RECOMMENDATION WAS REALLY GOOD, TOUGH MEDICINE,
2 SHOULD BE IMPLEMENTED. THEY DON'T SAY THAT ANY MORE ONCE
3 THINGS GOT HOT BUT THEY DID WHEN IT WASN'T HOT. SO HE HAS
4 STOOD HIS GROUND AND THAT'S WHAT WE'VE ASKED HIM TO DO: GIVE
5 US YOUR BEST MEDICAL ADVICE AND DEFEND IT. AND IF HE CAN'T
6 DEFEND IT, AND I'VE TALKED TO IT ABOUT IT PRIVATELY AND I'LL
7 TALK TO YOU ABOUT IT RIGHT NOW, I'VE ASKED YOU, WHAT WOULD BE-
8 - COULD YOU SAVE THE HOSPITAL, AVOID THE PROBLEMS THAT WE'VE
9 HAD WITH C.M.S. AND WITH J.C.A.H.O. WITHOUT CLOSING OBSTETRICS
10 AND WITHOUT CLOSING PEDIATRIC? AND YOU SAID IT MAY BE
11 POSSIBLE, IT WOULD BE MORE DIFFICULT. AND I THINK YOUR
12 EXAMPLES HAVE BEEN, FROM MY PEDESTRIAN WAYS, YOU KNOW, WHEN
13 YOU'RE FLUNKING OUT OF SCHOOL, YOU'VE GOT TO CUT OUT BASEBALL
14 AND YOU'VE GOT TO CUT OUT EXTRACURRICULAR ACTIVITIES AND FOCUS
15 ON READING, WRITING AND ARITHMETIC AND THAT'S WHAT YOU
16 RECOMMENDED WE DO LAST YEAR AND THAT'S WHAT YOU RECOMMENDED WE
17 DO THIS YEAR. NOW, WHETHER IT HAS TO BE DONE THIS WAY OR
18 WHETHER THERE ARE ALTERNATIVES TO DOING IT OR WHETHER THERE
19 ARE ALTERNATIVES TO DOING IT IS WHAT BETWEEN NOW AND OCTOBER
20 18TH IS ALL ABOUT. AND I WOULD HOPE THAT WE WOULD USE THAT
21 OPPORTUNITY, EVEN IN ADVANCE OF OCTOBER 18TH, THAT'S THE WAY
22 THIS IS SCHEDULED, TO GET ALL THE INFORMATION WE CAN AND, ANY
23 TIME, THAT WE HAVE A BETTER ALTERNATIVE, AT ANY TIME IF THE
24 INFORMATION YOU HAVE ON THE PERFORMANCE OF THE HOSPITAL SHOWS
25 A MARKED IMPROVEMENT, IF AT ANY TIME ANYTHING HAS CHANGED IN



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1 THE NEXT 60 DAYS, THEN WE'D BE IN A POSITION OR IF THERE'S AN
2 ALTERNATIVE STRATEGY TO WHAT DR. GARTHWAITE HAS PREPARED WITH
3 WHICH HE MAY AGREE OR HE MAY NOT AGREE BUT, ULTIMATELY, THAT
4 WE HAVE SOMETHING OTHER THAN WE WEREN'T CONSULTED AND WE
5 OPPOSE THE RECOMMENDATION, SOMETHING MORE THAN THAT, THEN
6 WE'LL BE IN A POSITION TO MAKE IT-- WE'LL BE ABLE TO MAKE AN
7 INFORMED DECISION. MS. BURKE HAS RAISED A NUMBER OF SOLID
8 QUESTIONS. I WANT ANSWERS TO THOSE QUESTIONS. I'D LIKE TO
9 KNOW, FOR EXAMPLE, AND DR. CHERNOF, IF YOU'LL MAKE A NOTE OF
10 THIS, I'D LIKE TO KNOW IF IT'S POSSIBLE TO FIND OUT, OF THE
11 622 BIRTHS LAST YEAR AT KING DREW MEDICAL CENTER, EXACTLY
12 WHERE THEY LIVED OR BY ZIP CODE WHERE THEY LIVED. I DON'T KNOW
13 IF YOU HAVE THAT DATA. I'D LIKE TO KNOW EXACTLY WHERE THEY
14 CAME FROM.

15

16 **DR. THOMAS GARTHWAITE:** THAT'S IN THE MAP THAT WE HANDED OUT.

17

18 **SUP. YAROSLAVSKY:** I UNDERSTAND BUT IT'S HARD TO READ THE MAP,
19 SO IF THERE'S A WAY YOU CAN DO IT DIGITALLY BY NUMBERS,
20 TEXTUALLY, IT WOULD HELP. I'D ALSO LIKE TO KNOW WHAT THE AGES.
21 THERE'S BEEN A STATEMENT MADE THAT THESE WERE MOSTLY
22 TEENAGERS. MAYBE THAT'S TRUE, MAYBE IT'S NOT TRUE. THERE'VE
23 BEEN A LOT OF OTHER STATEMENTS MADE AROUND HERE TODAY THAT I
24 KNOW ARE NOT TRUE. I'D LIKE TO KNOW FACTUALLY, NOT
25 ANECDOTALLY, WHO ARE THESE-- WHAT ARE THE AGES OF THESE WOMEN?



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1 WHERE DID THEY COME FROM? WHAT WAS THE CIRCUMSTANCE? TO THE
2 BEST OF OUR KNOWLEDGE, CAN WE DEDUCE WHY THEY CAME TO US AND
3 DIDN'T GO TO ANY OTHER HOSPITAL WHERE THE OTHER 97% OF SPA 6
4 MOTHERS DELIVERING BABIES WENT? I'D LIKE TO KNOW THAT. THOSE
5 ARE ALL LEGITIMATE QUESTIONS. AND IF IT TURNS OUT THAT THERE
6 IS NO-- YOU CANNOT CLOSE THE OBSTETRICS, WE COULD NOT CLOSE
7 OBSTETRICS IF WE WANTED TO IF WE DIDN'T HAVE AN ALTERNATIVE
8 FOR THESE 622 MOTHERS OR HOWEVER MANY IT'S GOING TO BE IN
9 FUTURE YEARS, COULD WE, LEGALLY? WE HAVE TO PROVIDE FOR ANY
10 UNINSURED PATIENT. SO IF WE HAVE-- IF IT'S OUR INTENT
11 ULTIMATELY TO CLOSE ANY SERVICE AT THE HOSPITAL, THEN WE WOULD
12 HAVE TO SHOW HOW WE'RE GOING TO PROVIDE FOR THAT-- FOR THOSE
13 CLIENTS IN SOME OTHER HOSPITAL, WHETHER IT'S THIS OR WHETHER
14 IT'S LIVER TRANSPLANTS OR WHETHER IT'S TONSILLECTOMIES OR
15 WHATEVER IT IS. SO ALL OF THIS HAS TO BE-- THERE ARE A LOT OF
16 QUESTIONS AND A LOT OF ISSUES THAT HAVE TO BE FERRETED OUT.
17 ALL I CAN SAY IS I DON'T THINK TODAY IS THE DAY TO STEP BACK
18 AND-- FROM-- YOU KNOW, FROM WHAT HAS ADMITTEDLY BEEN AND I
19 THINK INTENTIONALLY BEEN, ON ALL OF OUR PARTS, A RATCHETED UP
20 LEVEL OF URGENCY, BECAUSE THERE IS AN URGENCY. HOW SOON WE
21 FORGET WHAT THE PROBLEMS ARE AND HAVE BEEN AT THIS
22 INSTITUTION. IF WE HAD WANTED TO CLOSE THIS HOSPITAL, WE HAD
23 PLENTY OF EXCUSES TO CLOSE THIS HOSPITAL IN THE LAST 18 MONTHS
24 AND THERE'S NOT A ONE OF US WHO WANTS TO CLOSE THIS HOSPITAL.
25 NOT ONE. NOT ONE. AND THE ONLY QUESTION IS NOW, HOW DO WE



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1 AVOID IT BEING SHUT DOWN ON OUR WATCH DESPITE OUR EFFORTS? AND
2 THAT IS A VERY SERIOUS CONCERN WHICH YOU ADDRESSED, WHICH ALL
3 OF US ARE KEENLY AWARE OF. THE C.M.S. FUNDING, TO A LESSER
4 EXTENT, THE J.C.A.H.O. ACCREDITATION, ALTHOUGH I DON'T KNOW
5 HOW LONG YOU CAN RUN A HOSPITAL CREDIBLY WITHOUT ACCREDITATION
6 FROM J.C.A.H.O. SO YOU'VE GOT TWO ISSUES PULLING AT US. SO,
7 MEMBERS OF THE BOARD, I KNOW THIS IS CONTROVERSIAL, ESPECIALLY
8 WHEN IT IS SPUN THE WAY IT'S SPUN. AND MANY PEOPLE BELIEVE,
9 AND MAYBE WITH SOME JUSTIFICATION HISTORICALLY, THAT, ONCE WE
10 SET A BEILENSEN HEARING, WE EXECUTE THE PROPOSALS OF THE
11 BEILENSEN HEARING. I'LL SPEAK FOR MYSELF. I AM NOT COMMITTED
12 TO THE RECOMMENDATION THAT DR. GARTHWAITE HAS MADE AND I WON'T
13 BE. IF THERE'S A CREDIBLE ALTERNATIVE I'LL BE COMMITTED TO
14 THAT. BUT I AM COMMITTED, I AM COMMITTED TO MOVING FORWARD AND
15 NOT DELAYING AND PROCRASTINATING AND SETTING THE CALENDAR BACK
16 AND PUTTING THE WHOLE HOSPITAL IN JEOPARDY AS THE MOTION I
17 INTRODUCED I THINK POINTEDLY SAYS. THAT WE DELAY-- WE'RE NOT
18 GOING TO DO THIS IN 14 DAYS. IF, ON SEPTEMBER 27TH, WE COME
19 OUT OF THIS WITH ANYTHING, WE WILL NOT HAVE A BEILENSEN
20 HEARING IN 14 DAYS AND WE WILL NOT HAVE A BEILENSEN HEARING IN
21 34 DAYS OR ON THANKSGIVING WEEKEND OR CHRISTMAS WEEK. YOU KNOW
22 HOW THIS IS GOING TO WORK. WE DID-- THAT'S THE REASON WE DID
23 THIS LAST YEAR ALMOST AT THIS VERY TIME, IN EARLY SEPTEMBER.
24 WE DID NOT WANT IT TO GO THAT LONG. SO I REALLY THINK THAT WE
25 NEED TO PROTECT OUR OPTIONS, PRESERVE OUR OPTIONS, NOT



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1 FORECLOSE ANY OPTIONS AND THEN LET ALL OF THE INFORMATION,
2 WE'VE LEFT MORE THAN ENOUGH TIME HERE FOR ALL OF THE
3 INFORMATION THAT ANYBODY WANTS TO INPUT TO US, AND I WOULD
4 ENCOURAGE YOU TO DO IT IN WRITING AND THEN GET A RESPONSE TO
5 THAT SO THAT WE CAN MAKE AN INFORMED DECISION AND THEN WE'LL
6 SEE. MY HOPE IS, AS DON KNABE SAID FOUR HOURS AGO, MY HOPE IS
7 THAT WE NEVER GET TO THIS POINT, THAT WE DON'T HAVE TO DO THIS
8 FOR THIS REASON. YOU WANT TO DO IT FOR ANOTHER REASONS, WE'LL
9 DISCUSS THE OTHER REASON IN THAT CONTEXT BUT I HOPE WE NEVER
10 HAVE TO GET TO THE POINT WHERE WE HAVE TO DOWNSIZE AN ASPECT
11 OF THIS HOSPITAL IN ORDER TO FURTHER DECOMPRESS IT SO THAT WE
12 HAVE A FIGHTING CHANCE TO SAVE IT. BUT, AS WE SIT HERE TODAY
13 ON AUGUST 16TH, WHICH IS THE DATE WE SET ON APRIL THE 12TH, TO
14 GIVE YOU AN IDEA OF HOW LONG IT TAKES US TO GET AROUND TO
15 DOING THINGS HERE, APRIL 12TH WAS THE DAY THIS BOARD VOTED TO
16 ASK HIM TO COME BACK IN AUGUST. MAY, JUNE, JULY, AUGUST.
17 THAT'S FOUR MONTHS, NOT TWO MONTHS. SO ALL I'M SAYING IS LET'S
18 GIVE THEM THE OPPORTUNITY TO DO WHAT THEY NEED TO DO, LET'S
19 NOT FORECLOSE OUR OPTIONS AND LET'S DO EVERYTHING WE CAN NOT
20 TO FURTHER DECOMPRESS BUT LET'S NOT FORECLOSE THE OPTION OF
21 HAVING TO DECOMPRESS IF THAT'S THE ONLY OPTION THAT'S
22 AVAILABLE TO US OTHER THAN HAVING THE HOSPITAL'S FUNDING
23 PULLED ON US AND THEN BEING FORCED TO SHUT IT DOWN COMPLETELY.
24 AND THAT'S THE ISSUE THAT'S STARING ME IN THE FACE. SO I,
25 MADAM CHAIR, I WOULD MOVE THAT YOUR MOTION-- THAT THE QUESTION



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1 BE DIVIDED ON YOUR MOTION ON ITEMS, AT LEAST FROM MY POINT OF
2 VIEW, I'M FINE WITH ITEMS 2, 4 THROUGH 9...

3

4 **SUP. MOLINA, CHAIR:** WHY DON'T YOU JUST LET MY MOTION GO UP OR
5 DOWN. DON'T MESS WITH IT.

6

7 **SUP. YAROSLAVSKY:** IT'S YOUR CALL BUT I WOULD...

8

9 **SUP. BURKE:** MAY I MAKE SOME JUST CHANGING WORDING IN IT? COULD
10 I JUST-- YOU CAN LISTEN TO IT AND SEE IF YOU DON'T WANT IT.
11 THAT WE WOULD ASK THE HOSPITAL ADVISORY BOARD TO MAKE A REPORT
12 TO THE BOARD, AS WELL AS HEARING THE INFORMATION THAT'S
13 REQUESTED IN ITEMS 2 THROUGH 9 ON SEPTEMBER 27TH. WILL YOU
14 ACCEPT THAT, SUPERVISOR MOLINA? WOULD YOU ACCEPT THAT? NO?

15

16 **SUP. MOLINA, CHAIR:** GO AHEAD. YOU'VE GOT PLENTY OF OTHER
17 TAKERS, MS. BURKE. MR. FLORES.

18

19 **SUP. BURKE:** OKAY.

20

21 **HECTOR FLORES:** IF I JUST COULD SAY SOMETHING. FIRST OF ALL,
22 FOR THE RECORD, THE EMAIL YOU GOT DIDN'T COME FROM ME.

23

24 **SUP. YAROSLAVSKY:** I KNOW IT DIDN'T AND I PURPOSELY DIDN'T SAY
25 WHO IT CAME FROM.



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1

2 **HECTOR FLORES:** RIGHT. NO, AND I WANT TO MAKE SURE...

3

4 **SUP. YAROSLAVSKY:** ALTHOUGH ENOUGH PEOPLE WHO KNOW WHERE IT
5 CAME FROM.

6

7 **HECTOR FLORES:** YEAH. I WANT TO MAKE SURE THAT THE COMMITTEE
8 KNOWS THAT IT DIDN'T COME FROM ME. AND I THINK IT'S GREAT,
9 BECAUSE I WOULD BE SCARED IF WE ALL UNANIMOUSLY AGREED ON
10 EVERYTHING EVERY SINGLE TIME, SO THAT PART IS GOOD. THE
11 COMMENT I HAVE REGARDING THE BEILENSEN HEARINGS AND WHETHER TO
12 PROCEED WITH THAT IS REALLY BASED ON OBSERVATIONS THAT I'VE
13 HAD THE LUXURY OF NOT BEING INVOLVED WITH COUNTY GOVERNMENT
14 FOR ALL OF MY CAREER, BASICALLY, AND HAVE LIVED THROUGH
15 BEILENSEN HEARINGS ON SEVERAL OCCASIONS, AND THE MOST RECENTLY
16 WITH THE TRAUMA AT KING DREW, THE CLOSURE OF TRAUMA SERVICES
17 AND WHAT I FIND THEM TO BE OUT IN THE COMMUNITY AND THE
18 COMMUNITY IS A BROAD COMMUNITY, IT'S, YOU KNOW, STAKEHOLDERS
19 OF ALL KINDS, COMMUNITY LEADERS, ELECTED OFFICIALS. AND WHAT I
20 FIND IS THAT BEILENSEN HEARINGS, BY THEMSELVES, HAVE A
21 CONNOTATION THAT WHAT IS BROUGHT BEFORE THE HEARING IS A
22 FOREGONE CONCLUSION THEY CONSEQUENTLY BECOME CONTENTIOUS
23 PROCESS. CONTENTIOUS PROCESS WITH THREATENED LITIGATION,
24 SOMETIMES LITIGATION FILED WHICH, STANDING BY ITSELF, PREVENTS
25 US FROM HAVING THE OPEN DISCUSSION ABOUT THE ISSUES THAT WE'RE



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1 TRYING TO SOLVE FOR. BECAUSE NOW WE'VE GOT LAWYERS TELLING US,
2 NO OFFENSE TO OUR COUNSEL, LAWYERS TELL US WE CAN'T TALK ABOUT
3 THIS, CAN'T TALK ABOUT THAT BECAUSE IT'S IN LITIGATION NOW.
4 AND I DON'T SEE THAT AS VERY CONSTRUCTIVE. WHAT I'VE FOUND
5 OVER THE YEARS, AND CLEARLY WE'RE ALL TRYING TO FIX KING DREW
6 MEDICAL CENTER, WE KNOW THERE'S PROBLEMS AND WE HAVE TO ASK
7 OUR QUESTIONS, HOW DID WE GET HERE? AND SOME OF THE ANSWERS
8 ARE MORE OBVIOUS THAN OTHERS BUT I THINK IT'S IMPORTANT TO
9 TALK ABOUT NOT ONLY THE LACK OF LEADERSHIP AND THE
10 MISMANAGEMENT THAT HAS OCCURRED AND THE LACK OF A PARTNERSHIP
11 BETWEEN LABOR AND MANAGEMENT THAT'S NOT EVIDENT THERE,
12 CERTAINLY IN THE LAST THREE MONTHS WE'VE DUG DEEP AND MET WITH
13 ALL THE SHIFTS AND THE EMPLOYEES, ALL THE SHIFTS WITH
14 MANAGEMENT, WORKED WITH NAVIGANT TO GET THAT KIND OF
15 MANAGEMENT. I DON'T SEE A PARTNERSHIP THERE. AND THAT'S PART
16 OF THE PROBLEM. THE OTHER IS, I DON'T SEE A PARTNERSHIP WITH
17 THE COMMUNITY AT LARGE. PART OF WHAT WE HEARD TODAY, AND IT'S
18 PRINCIPALLY FROM THE AFRICAN-AMERICAN COMMUNITY, THAT THERE'S
19 A LOT AT STAKE, THAT THE STRUGGLES OF THE LAST 50 YEARS, AND
20 PARTICULARLY THE 40 YEARS, IRONIC THAT THIS WEEK WE'RE
21 COMMEMORATING THE CIVIL DISTURBANCE 40 YEARS AGO, THAT ALL OF
22 THIS IS FOCUSED ON THIS INSTITUTION AND ALL THE PROBLEMS OF
23 HOW WE DO THINGS AND I KNOW THAT EVERYONE HERE WANTS TO DO THE
24 RIGHT THING AND LET PEOPLE BE HEARD WHEN THEY NEED TO SPEAK
25 BUT WHAT WE WERE HEARING IS FRUSTRATION WITH THIS WHOLE



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1 PROCESS, THAT THE COMMUNITY IS APPROACHED WITH A FOREGONE
2 CONCLUSION AND THEREFORE THERE'S VERY LITTLE TO DO EXCEPT GET
3 ANGRY, DRAW THE LINES IN THE SAND AND TRY TO REALLY JUST BEAT
4 UP ON THE OPPOSITION RATHER THAN SAYING, "HOW CAN WE WORK IN A
5 PARTNERSHIP TO COME UP WITH A SOLUTION THAT EVERYONE CAN LIVE
6 WITH?" AS I'VE GONE TO COMMUNITY MEETINGS THAT HAVE BEEN
7 CONVENED BY COMMUNITY HEALTH COUNCILS AND OTHER ORGANIZATIONS,
8 WHAT I FIND IS THAT THE FOLKS OUT IN THE FRONT LINES RECEIVING
9 SERVICE OR PROVIDING SERVICE ARE THE LEAST INFORMED ABOUT THE
10 ISSUES WE'RE DEALING WITH. I DON'T KNOW IF IT'S A SENSE OF
11 ARROGANCE OR CONDESCENSION TOWARD THE COMMUNITY THAT WE DON'T
12 SHARE THAT KIND OF INFORMATION UNTIL IT GETS HEATED UP AND WE
13 HAVE A MEETING LIKE THIS TODAY AND THEN WE'RE ONLY GIVING
14 FOLKS A LIMITED AMOUNT OF TIME BECAUSE WE WANT TO HEAR THEM
15 BUT WE DON'T HAVE THE OPPORTUNITY AND WE'VE NOT HAD THE MONTHS
16 TO ENGAGE THEM. SO I REALLY DON'T THINK THAT, IN THIS
17 SITUATION, BECAUSE SO MUCH IS AT STAKE, THAT THE BEILENSEN
18 HEARINGS ARE THE MOST CONSTRUCTIVE WAY TO GO ABOUT THIS. THERE
19 IS ALSO ANOTHER ISSUE WE NEED TO DEAL WITH IS THAT THE COUNTY
20 GOVERNMENT, I DON'T NEED TO TELL YOU THIS, THE COUNTY PROCESS
21 IS A VERY PUBLIC PROCESS. IT'S ABOUT DOING AS MUCH AS WE CAN
22 WITH LIMITED RESOURCES. IT'S DOING EVERYTHING WE CAN, TOUGH
23 DECISIONS PUBLICLY AND NOT BEING GIVEN THE OPPORTUNITY, MANY
24 TIMES, TO REALLY HAVE HEART-TO-HEART TALKS WITH FOLKS. AND I
25 THINK WE NEED TO CHANGE ALL OF THAT AND START A NEW PROCESS



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1 WHERE, INSTEAD OF A BEILENSON HEARING, LET'S JUST CALL IT A
2 TOWN HALL AND HAVE ALL THE BOARD MEMBERS AND YOUR STAFF AND
3 MEET WITH ELECTED OFFICIALS AND PEOPLE IN THE COMMUNITY AND
4 SAY, "LET'S WORK THROUGH THIS TOGETHER" AND COME UP WITH
5 REASONABLE SOLUTIONS. YOU KNOW, YOU HAVE FOLKS WHO, BECAUSE
6 THEY HAVE LACK OF ACCESS TO THAT REASONABLE INFORMATION, COME
7 IN WITH A CERTAIN RELIGION THAT YOU'RE A RACIST, YOU'RE A
8 RACIST INSTITUTION, YOU JUST WANT TO DO THIS TO US, THIS IS
9 CONSPIRACY. I'VE HEARD OF THAT. I DON'T THINK IT'S A
10 CONSPIRACY. I DON'T THINK GARTHWAITE IS A RACIST. I THINK, YOU
11 KNOW, I FIND HIM TO BE...

12

13 **SUP. YAROSLAVSKY:** WELL, THANK YOU VERY MUCH.

14

15 **HECTOR FLORES:** I FIND HIM TO BE A VERY CREDIBLE INDIVIDUAL WHO
16 HAS BEEN PRESSURED BY THESE POLITICS...

17

18 **DR. THOMAS GARTHWAITE:** ALTHOUGH HE DID LEAVE SOME NAMES OUT.

19

20 **HECTOR FLORES:** THESE VERY OPPRESSIVE POLITICS THAT PUT HIM IN
21 A VERY DIFFICULT POSITION. I'VE TOLD HIM BEFORE THAT I
22 WOULDN'T WANT HIS JOB AND I ADMIRE HIM FOR STICKING WITH IT
23 BECAUSE IT IS NOT A VERY POPULAR POSITION TO BE IN. I KNOW
24 THAT YOUR POSITION IS NOT A VERY POPULAR POSITION TO BE IN BUT
25 WE CANNOT CONTINUE THIS WITHOUT ENGAGING EACH OTHER AND LET'S



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1 NOT HAVE BEILENSON HEARINGS. LET'S SET THAT OCTOBER 18TH
2 MEETING FOR ALL OF US TO CONVENE AND HAVE THE RIGHT REPORTS
3 PRESENTED AND HAVE THOSE DELIBERATIONS GOING THROUGH. WE'VE
4 GOT TO ADDRESS THESE ISSUES. KING DREW, IN SO MANY WAYS, IS A
5 MICROCOSM OF WHAT IS GOING ON NOT ONLY COUNTYWIDE, STATEWIDE
6 BUT NATIONWIDE AND WHAT BETTER CHANCE FOR US TO BE THE HEALERS
7 OF ALL OF THOSE ISSUES THAT WE'RE ADDRESSING? [APPLAUSE]

8

9 **SUP. MOLINA, CHAIR:** THANK YOU, DR. FLORES. YOU KNOW, IT'S
10 INTERESTING. I THINK THAT THAT'S WHAT WE'RE TRYING TO STRIKE
11 HERE IS THIS PARTNERSHIP. BUT I DON'T THINK THAT YOU'RE GOING
12 TO GET MANY PEOPLE WHO ARE GOING TO RESPECT THAT. IT'S
13 INTERESTING, I WAS TRULY OFFENDED WHEN I HEARD ABOUT THE
14 CONFERENCE CALL THAT WAS UNDERTAKEN WITH VARIOUS STAKEHOLDERS,
15 INCLUDING THE ELECTED OFFICIALS. I APOLOGIZED. I CALLED
16 CONGRESSWOMAN WATERS AND APOLOGIZED BECAUSE I KNOW, IN
17 REPRESENTING A CONSTITUENCY AS I REPRESENT, PARTICULARLY OF
18 POOR PEOPLE WHO ALWAYS HAVE LIMITED RESOURCES AND NOT ALL
19 ACCESS TO GOVERNMENTAL SERVICES, THERE'S SUCH AN INJUSTICE AS
20 TO HOW THAT IS CARRIED OUT, THAT I'M THE ONLY VOICE THEY HAVE
21 AND THEY RELY ON ME TREMENDOUSLY TO ACCESS THOSE SERVICES FOR
22 THEM. AND I WISH, YOU KNOW, THAT I COULD TELL THEM HOW THE
23 FEDERAL GOVERNMENT IS DELIVERING AND HOW THE STATE IS DOING IF
24 NOT. BUT, AT THE END OF THE DAY, I'M THE ONE THAT THEY LOOK TO
25 AND I THINK THAT THAT'S WHY IT WAS SO IMPORTANT FOR ME TO



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1 APOLOGIZE ON BEHALF OF THE ENTIRE BOARD, WHICH I DID, TO
2 CONGRESSMAN WATERS AND HER COLLEAGUES AT THAT TIME. AND WE
3 HAVE GONE TO THEM ON A REGULAR BASIS WHEN WE WERE LOOKING FOR
4 PARTNERS IN OUR WAIVER EFFORTS, IT WAS THE CONGRESSIONAL
5 MEMBERS THAT WERE ABLE TO COME TOGETHER IN THAT FIRST WAIVER
6 THAT LENT US THE SUPPORT TO GET THE ATTENTION OF THE WHITE
7 HOUSE AND TO EVENTUALLY GET THE WAIVER. WE WOULD HAVE SUNK
8 ALMOST 12 YEARS AGO HAD IT NOT BEEN FOR THAT KIND OF
9 PARTNERSHIP AND THAT KIND OF EFFORT. I'M STILL LOOKING FOR A
10 PARTNERSHIP WITH OUR LEGISLATORS BECAUSE THE REALITY IS WE
11 STILL HAVE A FINANCIAL CRISIS THAT IS LOOMING. I JUST DO NOT
12 SEE THIS AS BUILDING THIS PARTNERSHIP, AS YOU SAID, DR.
13 FLORES, BECAUSE WE CONTINUE TO DISMISS THIS COMMUNITY AS NOT
14 BEING SIGNIFICANT ENOUGH IN SOME MANNER TO BE INCLUDED IN THE
15 FIX. I FIND THAT IF, IN FACT, WE COULD ENGAGE IN A DIALOGUE
16 WITH STAKEHOLDERS, I THINK THAT WE COULD CONVINCE THEM AND,
17 AGAIN, IT'S NOT TO CONVINCE EVERYBODY, BUT TO LET THEM KNOW,
18 AS TOUGH AS IT WAS ON TRAUMA, I WAS TREMENDOUSLY CONVINCED AT
19 THAT TIME THAT, WITH ALL OF THE ATTENTION AND I KNOW THAT
20 PRIVATE HOSPITALS HAVE MADE THESE DECISIONS, "WE CAN'T HANDLE
21 TRAUMA BECAUSE WE WANT TO DO OTHER THINGS BETTER, THERE'S A
22 LIMITATION OF NURSES." I JUST ATTENDED A MEETING WITH THE
23 POMONA VALLEY HOSPITAL IN WHICH THEY MADE A DETERMINATION NOT
24 TO PURSUE A TRAUMA AND THEY SAID, "WE DO TOO MANY OTHER THINGS
25 THAT THE FOCUS WOULD BE FOR A COUPLE OF PATIENTS A MONTH WOULD



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1 TAKE AWAY FROM CARRYING OUT OUR WORK." I KNOW THE EMOTION THAT
2 IS TIED WITH THE TRAUMA SYSTEM, THERE'S NO DOUBT ABOUT IT BUT
3 IT JUST SEEMS AS THOUGH WE AREN'T WILLING TO BUILD THAT
4 PARTNERSHIP, AS YOU SAY, AND THAT'S WHY I FIND IT SO HARMFUL.
5 I AM-- I HAVE A SENSE OF URGENCY TO FIX THIS BUT THE REPORT
6 AND THE PLAN THAT DR. GARTHWAITE HAS PUT BEFORE US DOESN'T
7 GIVE ME THE PLAN TO FIX IT. I UNDERSTAND THE URGENCY BUT IT
8 SEEMS AS THOUGH THIS BOARD WANTS TO TELL THIS COMMUNITY,
9 WITHOUT GIVING IT EVEN A LITTLE BIT OF TIME TO DIGEST THIS
10 INFORMATION, TO GET SOME PERSONAL BRIEFING, SOME DIALOGUE,
11 SOME DISCUSSION, IT SEEMS AS THOUGH WE ARE DEMONSTRATING TO
12 THIS COMMUNITY ONCE AGAIN THAT THE ONLY URGENCY WE HAVE IS AN
13 URGENCY TO CUT THE SERVICES AND I THINK THAT'S THE PROBLEM
14 THAT I HAVE WITH THE NOTIFICATION OF THE BEILENSONS. WE DON'T
15 NEED TO DO IT THIS TIME. IF OUR BUREAUCRATS NEED TO SPEND
16 EXTRA HOURS WORKING A LITTLE BIT LATER IN THE DAY IN ORDER TO
17 CARRY OUT AND GET THIS WORK DONE, I DON'T THINK IT'S ALL THAT
18 DRAMATIC. WHY DO PEOPLE NEED 60 WORKING DAYS IN ORDER TO
19 PREPARE DOCUMENTS FOR A BEILENSEN? THERE IS NO ONE IN THE
20 LEGISLATURE THAT INTENDED THAT IT HAD TO BE THAT. I THINK THAT
21 PEOPLE ARE MAKING IT UP ALONG THE WAY JUST NOT TO BE ABLE AND
22 AGAIN, HEAVEN FORBID THAT WE HAVE TO HAVE ANOTHER HEARING FOR
23 FOUR OR FIVE HOURS ON THIS ISSUE, BECAUSE WE HAVE HEARD ENOUGH
24 FROM THE COMMUNITY. I AGREE, A TOWN HALL WOULD BE A BETTER
25 PLACE. I EVEN UNDERSTAND THAT THE BEILENSONS ARE GOING TO BE



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1 DENIED BEING HELD IN THE COMMUNITY THIS TIME, WHICH I THINK IS
2 REALLY A SHAME. IF YOU'RE GOING TO HOLD AND TELL PEOPLE THAT
3 YOU'RE GOING TO CUT SERVICES, THEN YOU EYEBALL THEM DIRECTLY
4 IN THEIR OWN COMMUNITY TO MAKE SURE THAT THEY UNDERSTAND AND
5 RESPECT WHAT YOU'RE DOING. SO I AM DISAPPOINTED. I JUST DON'T
6 THINK THIS IS A KIND OF ACTION THAT NEEDED TO BE TAKEN AT THIS
7 TIME BECAUSE I THINK THERE'S A COMMUNITY OUT THERE THAT
8 DOESN'T TRUST US, AND THE REASON THEY DON'T TRUST US IS
9 BECAUSE WE SAID TO THEM THE LAST TIME, IF WE CAN ELIMINATE
10 TRAUMA, WE WILL FIX THE HOSPITAL. WE HAVEN'T DELIVERED ON THAT
11 AND SO, CONSEQUENTLY, I THINK THAT WE OWE THEM A FURTHER DUTY
12 TO FIND A WAY THAT WE CAN PARTNER WITH THEM TO REALLY FIND A
13 FIX. I THINK THEY NEED IT. THEY ARE LOOKING AT THE SAME THING.
14 IF WE TRULY MEAN WE'RE GOING TO FIX THIS HOSPITAL, THEN LET'S
15 GIVE IT AN OPPORTUNITY TO HAVE THE FIX. I THINK THE HAVE IS A
16 PERFECT EXAMPLE OF HOW WE COULD MOVE FORWARD TO BUILD THAT
17 KIND OF PARTNERSHIP AND THAT TRUST, BECAUSE I THINK WE'VE
18 DISAPPOINTED AND LET THIS COMMUNITY DOWN BECAUSE WE DIDN'T
19 HONOR OUR LAST COMMITMENT.

20

21 **SUP. KNABE:** MADAM CHAIR... [APPLAUSE]

22

23 **SUP. MOLINA, CHAIR:** PLEASE. PLEASE. MR. KNABE.

24



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. KNABE:** LET ME BEGIN BY SAYING, FIRST OF ALL, I DON'T
2 THINK ANYONE HAS REJECTED THE IDEA OF BEILENSONS IN THE
3 COMMUNITY, NUMBER ONE. THAT VOTE HAS NOT BEEN TAKEN.

4
5 **SUP. MOLINA, CHAIR:** GOOD.

6
7 **SUP. KNABE:** SECONDLY, YOU CAN SAY "GOOD" ALL YOU WANT BUT I'M
8 SOMEWHAT OFFENDED BY YOUR COMMENTS BECAUSE I SIT BEFORE YOU
9 AND I LOOK AT THIS MOTION THAT YOU HAD. I HAD A VERY SIMILAR
10 MOTION AS IT RELATED TO RANCHO THAT DIED FOR LACK OF A SECOND.
11 I HAD A VERY SIMILAR MOTION A COUPLE WEEKS AGO TO HELP OUT AN
12 E.R. BECAUSE OF THE OVERLOAD FROM KING DREW IN DOWNING
13 COMMUNITY. DIED FOR A LACK OF A SECOND. WHERE THIS PROCESS
14 GOES SOUTH, WE ARE TRYING TO SAVE THE HOSPITAL, NOT TRYING TO-
15 - I MEAN, THAT'S OUR COMMITMENT. OUR COMMITMENT IS TO TRY TO
16 SAVE THE HOSPITAL. RANCHO WAS NOT SHOWN THIS CONSIDERATION BY
17 A VOTE OF THIS BOARD. IT WAS MOVED UP A YEAR. WHERE WAS THE
18 COMMUNITY ON THAT? IF YOU'RE AFRICAN-AMERICAN IN A WHEELCHAIR
19 YOU DON'T COUNT? IF YOU'RE A LATINO IN A WHEELCHAIR, YOU DON'T
20 COUNT? I MEAN, SO WE HAVE A MATTER OF FAIRNESS. THIS BOARD HAS
21 MADE A PUBLIC COMMITMENT TOGETHER THAT WE WANT TO SAVE THIS
22 HOSPITAL. OKAY? AND THAT'S A WHOLE LOT DIFFERENT THAN THE
23 CONSIDERATION WE GAVE TO RANCHO. SO, I MEAN, MY-- I HAVE VERY
24 STRONG ISSUES WITH THE RECOMMENDATION BEFORE US BUT I ALSO
25 THINK WE NEED TO MOVE-- WE CAN'T ELIMINATE THE OPTION OF



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1 MOVING FORWARD AND WE NEED-- I WANT TO KNOW FOR SURE THAT THE
2 RECOMMENDATION TO DOWNSIZE IS A DIRECT RELATIONSHIP TO THE
3 C.M.S. AND J.C.A.H.O. RELATIONSHIP. THAT IS THE SHORT TERM.
4 ACCREDITATION ISSUE THAT WE HAVE TO DEAL WITH AS A BOARD, AS A
5 COUNTY IS TO MAKE SURE THAT THAT HOSPITAL IS IN THE RIGHT
6 POSITION TO DO THAT. I MEAN, I'M HAVING A PROBLEM HERE TODAY
7 THAT WE CAN'T MOVE FORWARD ON THE CAPITAL IMPROVEMENTS. I
8 THOUGHT THAT WAS, YOU KNOW, PART OF THIS MEETING TODAY WAS WE
9 WERE ABLE TO DO THAT TO MAKE SURE THAT WE HAVE THAT CAPITAL
10 IMPROVEMENT AT THE HOSPITAL. BUT I THINK THAT WE CAN'T
11 ELIMINATE ANY OPTION, THAT WE HAVE TO CONTINUE TO MOVE FORWARD
12 IN A VERY POSITIVE WAY AND I THINK SOME OF THE CONVERSATION
13 TODAY FROM DR. FLORES AND OTHERS IS VERY DIVISIVE. HE
14 CERTAINLY DOESN'T REFLECT MY OPINION. I CERTAINLY DON'T HAVE
15 ANYTHING IN MY ACTION OR SUPPORT OF ANYTHING THAT REFLECTS
16 THAT I WANT TO BE IN THE FACE OF THE COMMUNITY. I'VE MADE THE
17 COMMITMENT TO THE COMMUNITY PUBLICLY LIKE ALL OF YOU HAVE THAT
18 WE WANT TO SAVE THIS HOSPITAL. OKAY? WE HAVE MEDICAL ADVICE TO
19 DO THAT. HEY, IT MAY BE RIGHT, IT MAY BE WRONG BUT WE HAVE TO
20 HAVE THAT OPTION IN FRONT OF US. SO I JUST THINK THAT, YOU
21 KNOW, SOME OF THE CONVERSATION HERE TODAY HAS BEEN VERY, VERY
22 DIVISIVE, AND I THINK WE NEED JUST TO FACE UP. WE'VE ALL MADE
23 THE COMMITMENT WE WANT TO SAVE THE HOSPITAL AND IT TAKES A
24 NUMBER OF DIFFERENT WAYS TO DO THAT.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **HECTOR FLORES:** MADAM CHAIR, IF I COULD JUST ADD, YOU KNOW, ONE
2 MORE COMMENT THAT, AGAIN, GOING BACK TO OUR ACTIONS AS AN
3 H.A.B., IS THAT WE DID TAKE OUR JOBS SERIOUSLY AS ADVISORS AND
4 IN PARTICULAR THE REASON WE FELT THAT WE HAD TO OPPOSE THE
5 DOWNSIZING AT THIS POINT IN TIME IS THAT WE DON'T HAVE ENOUGH
6 INFORMATION TO SUPPORT THE DOWNSIZING TO GET US TO C.M.S.

7

8 **SUP. KNABE:** ABSOLUTELY AND THAT'S ALL YOU HAD TO SAY THAT YOU
9 COULDN'T TAKE AN ACTION BECAUSE YOU DIDN'T HAVE ENOUGH
10 INFORMATION.

11

12 **HECTOR FLORES:** AND ALSO THAT, IF WE COMMIT THE DOWNSIZING, I
13 DON'T THINK WE'LL EVER BE ABLE TO REGAIN THE SERVICES WE CUT
14 TODAY AND, SECONDLY, THAT, BECAUSE OF THE PRECARIOUS NATURE OF
15 SOUTH L.A. AND WHO WILL ACTUALLY GO TO THAT DOWN-SIZED ADULT-
16 ORIENTED HOSPITAL, IT'S GOING TO BE INDIGENT ADULTS,
17 PRIMARILY, IT'S GOING TO PUT THE COUNTY IN A MUCH MORE
18 DIFFICULT POSITION WHERE YOU HAVE BASICALLY NO PAYING
19 CUSTOMERS TO SUBSIDIZE THE CARE OF INDIGENT PATIENTS. IN 2007,
20 WE HAVE A BUDGET HUGE DEFICIT THAT WE'RE GOING TO HAVE TO DEAL
21 WITH AND I'M INCLUDING THE ROYAL WE, I'M PART OF YOU AND,
22 SECONDLY, THAT THERE IS GOING TO BE, I THINK, MORE CLOSURES OF
23 PRIVATE HOSPITALS OR HOSPITALS THAT WILL DOWNGRADE OR CLOSE
24 THEIR EMERGENCY ROOM SERVICES. I THINK WE SHOULD LOOK AT THIS
25 VERY SERIOUSLY. I TALKED TO A LOT OF PRIVATE HOSPITALS AND,



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1 RIGHT NOW, THEY'RE PAYING SPECIALISTS TO TAKE CALL IN THE
2 EMERGENCY ROOM TO TAKE CARE OF THE INDIGENT PATIENTS THAT COME
3 THROUGH THEIR DOORS BECAUSE OTHERWISE THEY WILL LOSE THEIR
4 LICENSURE FOR THAT EMERGENCY ROOM OR, WORSE, THEY'LL BE IN
5 FEDERAL VIOLATION OF M.T.A.L.A. AND THEY'RE PAYING DOCTORS TOP
6 DOLLAR IN MANY SITUATIONS. THAT'S NOT A HEALTHY SYSTEM AND, IF
7 WE DOWNSIZE AND DOOM KING DREW MEDICAL CENTER TO CLOSURE,
8 WE'RE JUST GOING TO MAKE THAT PROBLEM WORSE.

9

10 **SUP. YAROSLAVSKY:** DR. GARTHWAITE IS NOT RECOMMENDING CLOSING
11 THE EMERGENCY ROOM NOR IS HE RECOMMENDING CLOSING THE
12 HOSPITAL.

13

14 **HECTOR FLORES:** BUT I THINK IT'S A DOWNWARD SPIRAL.

15

16 **SUP. YAROSLAVSKY:** THEN YOU SHOULD NOT...

17

18 **SUP. BURKE:** BUT YOU HAVE MISSED WHAT HIS POINT IS.

19

20 **SUP. YAROSLAVSKY:** I KNOW WHAT HIS POINT IS.

21

22 **SUP. BURKE:** HIS POINT IS THAT...

23

24 **SUP. YAROSLAVSKY:** I KNOW WHAT HIS POINT IS.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. BURKE:** ...MOST OF THE PEOPLE WHO COME IN THERE, COME IN
2 BECAUSE A CHILD HAS COME IN AND THEN THE PARENTS COME INTO THE
3 HOSPITAL.

4

5 **SUP. YAROSLAVSKY:** I UNDERSTAND.

6

7 **SUP. BURKE:** AND ALSO BECAUSE THERE'S A BIRTH THERE AND PEOPLE
8 SET UP-- THEY CONTINUE TO COME AND ONE OF THE THINGS I WANT TO
9 BE VERY CLEAR, WHEN WE TALK ABOUT WHO ARE THE THOUSAND PEOPLE
10 OR 700 PEOPLE...

11

12 **SUP. YAROSLAVSKY:** 622.

13

14 **SUP. BURKE:** 622, WE KNOW THAT EVERY UNDOCUMENTED MOTHER CAN
15 GET INSURANCE BUT, FOR SOME REASON, IF THOSE WERE UNDOCUMENTED
16 MOTHERS, THEY CAME THERE RATHER THAN TO GO SOMEWHERE ELSE, AND
17 WE NEED TO KNOW WHAT THAT REASON WAS. SO DON'T JUST COME BACK
18 AND SAY, "WELL, YOU DON'T HAVE TO WORRY BECAUSE THEY CAN ALL
19 GET INSURANCE." BUT AT LEAST WE KNOW THAT SOME OF THOSE
20 PEOPLE, EITHER THEY DIDN'T KNOW THAT OR THEY KNEW THAT THEY
21 COULDN'T GET ANY PRENATAL BECAUSE THEY DIDN'T WANT TO GIVE
22 INFORMATION. THERE HAS TO BE SOME REASONS THAT THEY MADE THE
23 DECISION OR THEY COULDN'T GET ANYWHERE ELSE. SO I JUST WANT TO
24 MAKE SURE THAT THAT'S NOT THE RESPONSE.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. YAROSLAVSKY:** WE'VE ASKED THEM FOR PRECISELY THAT
2 INFORMATION.

3

4 **SUP. BURKE:** BUT I DON'T WANT TO GET THE GENERALIZED COMMENT
5 THAT I THINK WE'RE GOING TO GET BACK.

6

7 **SUP. YAROSLAVSKY:** I AGREE. I AGREE. YOU UNDERSTAND THAT WE
8 WANT DETAIL ON THOSE 622?

9

10 **DR. THOMAS GARTHWAITE:** YEAH, WE UNDERSTAND. AND WE'LL
11 INTERVIEW PATIENTS AND THE QUESTION WILL BE, YOU KNOW, CAN WE
12 COME UP WITH A QUESTIONNAIRE THAT WE CAN GET, YOU KNOW, THE
13 RIGHT AN-- I MEAN, THE HONEST ANSWERS, IS THERE A WAY-- WHAT I
14 THINK SUPERVISOR BURKE SAID IS THERE MAY BE REASONS PEOPLE
15 DON'T WANT TO GIVE THE ACTUAL ANSWER, SO WE'LL TRY OUR BEST TO
16 GET THE ACTUAL ANSWER BY INTERVIEWING PATIENTS SO WE CAN FIND
17 OUT.

18

19 **SUP. MOLINA, CHAIR:** SUPERVISOR ANTONOVICH.

20

21 **SUP. ANTONOVICH:** DOCTOR, THE PROBLEM IS YOU HAVE A FACILITY
22 THAT IS NOT ACCREDITED. YOU ARE SHORTCHANGING THE PUBLIC AND
23 ENCOURAGING THEM TO GO THERE WHEN THEIR MEDICAL CARE IS GOING
24 TO BE SUBSTANDARD. WHAT DR. GARTHWAITE HAS PRESENTED BEFORE US
25 TODAY IS AN OPPORTUNITY TO RESTORE THE QUALITY OF CARE SO THE



**The Meeting Transcript of
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1 FACILITY WILL BE ACCREDITED. IF IT LOSES ITS ACCREDITATION, IT
2 SHUTS DOWN. THE MEDICAL SCHOOL, AGAIN, ON LIFE SUPPORT.
3 THEY'VE LOST THEIR ABILITY AND ACCREDITATION IN THREE MAJOR
4 AREAS, AREAS THAT A PHYSICIAN HAS TO BE COMPETENT IN IF
5 THEY'RE GOING TO GO OUT AND PROVIDE MEDICAL CARE. THIS IS AN
6 ATTEMPT TO SAVE A MEDICAL FACILITY, WHATEVER CONFIGURATION IT
7 IS, TO SERVE THE POPULATION IN THAT AREA. THIS IS AN
8 OPPORTUNITY AND, AGAIN, HAVING THE PROPOSAL BEFORE US, HAVING
9 A DATE CERTAIN FOR BEILENSON ALLOWS THE COMMUNITY TO BE AWARE,
10 IT GIVES THE DEPARTMENT THE TIME TO PREPARE, IT GIVES YOUR
11 ORGANIZATION AN OPPORTUNITY TO REVIEW AND HAVE INPUT, SO WE
12 HAVE, WITHIN EIGHT WEEKS, A HEARING, BE IT HERE, ALTHOUGH I
13 DON'T REMEMBER THIS BODY WANTING TO GO TO THE ANTELOPE VALLEY
14 TO DISCUSS HIGH DESERT. IN FACT, WE DIDN'T GO TO HIGH DESERT
15 HOSPITAL BECAUSE THE PEOPLE DIDN'T WANT TO GO. OKAY. WE WANTED
16 TO GO BUT THE PEOPLE...

17

18 **SUP. BURKE:** WE WENT TO RANCHO.

19

20 **SUP. ANTONOVICH:** WE DIDN'T GO TO RANCHO. YOU DIDN'T GO TO
21 RANCHO, YOU WENT...

22

23 **SUP. KNABE:** NOT THE CLOSURE. YOU DID IT RIGHT DOWN HERE.

24

25 **SUP. BURKE:** WELL, WE HAD A HEARING AT RANCHO.



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1

SUP. ANTONOVICH: WE HAD A HEARING HERE IN THE HALL OF
ADMINISTRATION BUT THE POINT IS, BUT THE POINT-- THIS IS AN
ATTEMPT TO RESTORE AND HAVING A DUAL TRACK WILL ALLOW THE
DEPARTMENT TO PLAN TO MEET THE NEED OF THAT COMMUNITY SO THERE
WON'T BE ANY TYPE OF A LIMITED SERVICE IF THEY LOSE THEIR
ACCREDITATION. THE BOARD IS IN A STRONG POSITION TO MOVE
FORWARD OR WE ARE IN A POSITION TO IMPLEMENT THE REFORMS IF
PROVEN TO BE SUCCESSFUL, TO RECEIVE THE FULL ACCREDITATION,
WHICH IS NECESSARY IF THAT FACILITY IS TO OPERATE.

11

SUP. YAROSLAVSKY: MR. CHAIRMAN?

13

SUP. ANTONOVICH: MR. YAROSLAVSKY.

15

SUP. YAROSLAVSKY: I WOULD, JUST FOR THE SAKE OF CLARITY, I
WILL MOVE MY MOTION AS A SUBSTITUTE FOR-- WHAT IS THE ITEM,
MS. MOLINA'S ITEM, AS A SUBSTITUTE FOR MS. MOLINA'S MOTION.

19

SUP. ANTONOVICH: I'LL SECOND THAT BUT LET ME WAIT FOR THE
CHAIR TO COME BACK BEFORE WE TAKE A VOTE ON THAT.

22

SUP. BURKE: I WILL MOVE THAT WE AMEND HIS MOTION...

24

SUP. ANTONOVICH: SUPERVISOR BURKE.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1

2 **SUP. BURKE:** ...TO ADD THE MATERIAL THAT'S IN THE MOLINA/BURKE
3 MOTION EXCEPT CHANGING NUMBER 1 TO READ, "ASK THE HOSPITAL
4 ADVISORY BOARD TO MAKE A REPORT AND TO FURTHER GET INFORMATION
5 ON THOSE ISSUES THAT ARE LISTED BELOW ON SEPTEMBER 27TH,
6 2005." AND ITEM...

7

8 **SUP. YAROSLAVSKY:** WHAT ARE YOU REPLACING-- WHAT IS IT THAT
9 THAT'S REPLACING?

10

11 **SUP. BURKE:** THAT'S 1, ON 1. INSTEAD OF...

12

13 **SUP. YAROSLAVSKY:** INSTEAD OF 1-- READ IT AGAIN, BECAUSE IT'S
14 NOT IN WRITING. JUST READ IT AGAIN SO I CAN HEAR IT.

15

16 **SUP. BURKE:** WELL, ON NUMBER ONE I'M SAYING, ASKING THE
17 HOSPITAL-- NO, YOU KNOW WHAT, I'M NOT GOING TO AMEND IT. YOU
18 JUST GO ON AND THEN I'LL...

19

20 **SUP. YAROSLAVSKY:** NO. I JUST WANTED TO HEAR IT.

21

22 **SUP. BURKE:** JUST MAKE YOUR MOTION AND I'LL MAKE ANOTHER ONE.

23

24 **SUP. YAROSLAVSKY:** OKAY. FINE. FINE.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. KNABE:** MAY I HAVE A POINT OF ORDER, MADAM CHAIR? POINT OF
2 ORDER? DID WE TAKE A FORMAL ACTION EARLIER ON THE CAPITAL
3 IMPROVEMENT DOLLARS TO COME BACK ON THE 30TH OF AUGUST?

4

5 **SUP. BURKE:** NO. IT WAS MOVED AND SECONDED BUT NO ACTION WAS
6 TAKEN.

7

8 **SUP. KNABE:** NO VOTE TAKEN? WE NEED TO MAKE SURE THAT WHATEVER
9 ACTION WE TAKE, THAT THE CAPITAL IMPROVEMENT SIDE AS IT
10 RELATES TO C.M.S. AND J.C.A.H.O. NEEDS TO BE ACTED UPON TODAY
11 AND TO COME BACK ON THE 30TH OF AUGUST.

12

13 **SUP. MOLINA, CHAIR:** SO MR. ANTONOVICH, I LEFT THE ROOM. WOULD
14 YOU SHARE WITH ME WHAT HAPPENED?

15

16 **SUP. ANTONOVICH:** WHAT HAPPENED WAS SUPERVISOR YAROSLAVSKY
17 MOVED A SUBSTITUTE MOTION TO VOTE ON HIS ITEM, WHICH I HAD
18 SECONDED AND THEN SUPERVISOR BURKE WAS GOING TO MAKE AN
19 AMENDMENT TO THAT WHEN YOU CAME BACK. AND THAT'S WHERE WE ARE
20 RIGHT NOW.

21

22 **SUP. KNABE:** WELL, I WOULD-- MADAM CHAIR, I'D MAKE A MOTION TO
23 MOVE TO AMEND SUPERVISOR YAROSLAVSKY'S TO INCLUDE THE ACTION
24 THAT THE CAPITAL IMPROVEMENT PORTION OF THE C.M.S./J.C.A.H.O.
25 PORTION OF M.L.K. HOSPITAL COMES BACK ON THE 30TH OF AUGUST.



**The Meeting Transcript of
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1

2 **SUP. YAROSLAVSKY:** SECOND.

3

4 **SUP. ANTONOVICH:** I THOUGHT IT WAS COMING BACK...

5

6 **SUP. KNABE:** WE DIDN'T VOTE. WE DIDN'T VOTE.

7

8 **SUP. BURKE:** WELL, IT'S ALREADY COMING BACK ON THE 30TH OF

9 AUGUST?

10

11 **SUP. ANTONOVICH:** THAT WAS THE REPORT FROM THE C.A.O.

12

13 **C.A.O. JANSSEN:** ONE WAY OR THE OTHER, IT'S GOING TO COME BACK

14 ON THE 30TH, SO...

15

16 **SUP. BURKE:** BUT IT HAS TO BE ON THE AGENDA. YOU'LL PUT IT ON

17 THE AGENDA?

18

19 **C.A.O. JANSSEN:** ABSOLUTELY, IT WILL BE ON THE AGENDA. I'D DO

20 IT NEXT WEEK, IF I COULD. IT WILL BE ON THE AGENDA FOR THE

21 30TH.

22

23 **SUP. YAROSLAVSKY:** WHY CAN'T IT BE NEXT WEEK? OH, YOU'RE NOT

24 HERE.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. BURKE:** SO THAT'S NOT NECESSARY.

2

3 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO MR. YAROSLAVSKY'S MOTION IS
4 TO ACCEPT THE REPORT AND TO SET THE BEILENSEN HEARINGS. THAT'S
5 CORRECT?

6

7 **SUP. YAROSLAVSKY:** MY MOTION IS WHAT IT IS. IT'S RIGHT HERE.
8 IT'S MY MOTION.

9

10 **SUP. MOLINA, CHAIR:** BUT OUR MOTION IS STILL PENDING.

11

12 **SUP. YAROSLAVSKY:** NO. THIS IS A SUBSTITUTE FOR YOUR MOTION.

13

14 **SUP. MOLINA, CHAIR:** THEN I SUBSTITUTE MY MOTION FOR YOUR
15 MOTION. [APPLAUSE]

16

17 **SUP. BURKE:** I'LL SECOND THAT.

18

19 **SUP. YAROSLAVSKY:** NICE TRY.

20

21 **SUP. MOLINA, CHAIR:** WELL, I WANT TO UNDERSTAND.

22

23 **SUP. YAROSLAVSKY:** YOU CAN'T SUBSTITUTE FOR A SUBSTITUTE. IF
24 YOU VOTE IT DOWN, YOU COULD THEN PUT YOUR MOTION FORWARD.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. BURKE:** BUT YOU CAN AMEND IT. YOU CAN PUT AN AMENDMENT TO
2 THE SUBSTITUTE.

3

4 **SUP. MOLINA, CHAIR:** BUT, EXCUSE ME. IF I REMEMBER CORRECTLY...

5

6 **SUP. BURKE:** YOU CAN AMEND THE SUBSTITUTE.

7

8 **SUP. MOLINA, CHAIR:** EXCUSE ME. I PUT MY MOTION IN, RIGHT? IT
9 WAS DULY NOTICED. YOUR PUT IN YOUR MOTION. YOU DIDN'T
10 SUBSTITUTE AT THAT TIME. SO BOTH MOTIONS WERE BEFORE US. SO
11 YOU WANT TO ONE-UP ME BY SUBSTITUTING IT?

12

13 **SUP. YAROSLAVSKY:** NO, I DON'T WANT TO ONE-UP YOU. I'M JUST
14 TRYING TO BE CLEAR.

15

16 **SUP. MOLINA, CHAIR:** OKAY. WELL, THEN, LET'S JUST...

17

18 **SUP. YAROSLAVSKY:** WHAT WOULD YOU LIKE TO DO, MADAM CHAIR?

19

20 **SUP. MOLINA, CHAIR:** I WOULD LOVE BOTH MOTIONS TO BE BEFORE US.

21

22 **SUP. BURKE:** AND VOTE ON SEPARATELY.

23

24 **SUP. MOLINA, CHAIR:** THANK YOU.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. YAROSLAVSKY:** FINE.

2

3 **SUP. MOLINA, CHAIR:** SO DO WE UNDERSTAND THEN BOTH MOTIONS...

4

5 **SUP. YAROSLAVSKY:** NOW, MADAM CHAIR, I MOVE THAT YOUR MOTION
6 BE-- THE QUESTION ON YOUR MOTION BE DIVIDED AS TO 1 AND 3 AND
7 THE REMAINDER, TO TAKE UP NUMBERS 1 AND 3 ON YOUR MOTION
8 SEPARATELY AND NUMBERS 2, 4 THROUGH 9 SEPARATELY.

9

10 **SUP. MOLINA, CHAIR:** MR. YAROSLAVSKY, CAN I ASK YOUR INDULGENCE
11 TO LEAVE THE MOTION ALONE AND TO VOTE IT UP OR DOWN AS IS? I
12 DO NOT WANT TO BE INCLUDED IN YOUR MOTION THAT INCLUDES
13 CALLING FOR THE BEILENSEN.

14

15 **SUP. YAROSLAVSKY:** OKAY. THAT'S FINE. LET'S GO. CALL THE ROLL.

16

17 **SUP. MOLINA, CHAIR:** ALL RIGHT. SO, ON THE MOTION THAT I
18 INTRODUCED THAT IS SECONDED BY SUPERVISOR BURKE AS IS, COULD
19 WE CALL THE ROLL?

20

21 **CLERK VARONA-LUKENS:** SUPERVISOR BURKE?

22

23 **SUP. BURKE:** AYE.

24

25 **CLERK VARONA-LUKENS:** SUPERVISOR YAROSLAVSKY?



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1

2 **SUP. YAROSLAVSKY:** NO.

3

4 **CLERK VARONA-LUKENS:** SUPERVISOR KNABE?

5

6 **SUP. KNABE:** NO.

7

8 **CLERK VARONA-LUKENS:** SUPERVISOR ANTONOVICH?

9

10 **SUP. ANTONOVICH:** NO.

11

12 **CLERK VARONA-LUKENS:** SUPERVISOR MOLINA?

13

14 **SUP. MOLINA, CHAIR:** AYE.

15

16 **CLERK VARONA-LUKENS:** THE MOTION FAILS 3-TO-2.

17

18 **SUP. MOLINA, CHAIR:** ALL RIGHT. NOW THE MOTION BEFORE US,
19 SUPERVISOR YAROSLAVSKY'S MOTION THAT STANDS AS IS, THAT'S WHAT
20 HE SAID. I JUST WANT TO MAKE SURE IT INCLUDES YOUR AMENDMENT.

21

22 **SUP. KNABE:** WELL, NO, WE DON'T NEED THAT, THEY TOLD US.

23

24 **SUP. BURKE:** NO, WE DON'T NEED THE AMENDMENT.

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** ALL RIGHT. AS IS.

2

3 **CLERK VARONA-LUKENS:** SUPERVISOR BURKE?

4

5 **SUP. BURKE:** NO.

6

7 **SUP. MOLINA, CHAIR:** WAIT, WAIT, WAIT. LET ME JUST UNDERSTAND

8 FOR CLARIFICATION. SUPERVISOR YAROSLAVSKY'S MOTION DOES NOT

9 SAY THE BEILENSONS SHOULD BE IN THE COMMUNITY? DID YOU WANT TO

10 CLARIFY THAT POSITION?

11

12 **SUP. YAROSLAVSKY:** NO, I DON'T.

13

14 **SUP. MOLINA, CHAIR:** YOU DON'T WANT TO HAVE THE BEILENSONS...

15

16 **SUP. YAROSLAVSKY:** MY MOTION RECOMMENDS THAT IT BE HERE.

17

18 **SUP. MOLINA, CHAIR:** MR. KNABE, DID YOU WANT TO MAKE THAT

19 AMENDMENT?

20

21 **SUP. KNABE:** I HAVE NO PROBLEM WITH IT BEING IN THE COMMUNITY.

22

23 **SUP. MOLINA, CHAIR:** BECAUSE IT DOESN'T INCLUDE IT NOW.

24



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1 **SUP. KNABE:** SURE, I'LL MOVE THAT THE BEILENSEN BE HELD IN THE
2 COMMUNITY.

3

4 **SUP. MOLINA, CHAIR:** IS THERE A SECOND TO THAT AMENDMENT?

5

6 **SUP. BURKE:** WELL, I'LL SECOND IT BUT IF YOU DIVIDE THE
7 QUESTION.

8

9 **SUP. MOLINA, CHAIR:** NO. YOU CAN ALWAYS SECOND THE AMENDMENT.
10 YOU DON'T HAVE TO VOTE FOR IT.

11

12 **SUP. BURKE:** I'LL SECOND IT.

13

14 **SUP. MOLINA, CHAIR:** ALL RIGHT. THAT'S BEEN MOVED AND SECONDED
15 TO HAVE THE BEILENSEN HEARINGS IN THE COMMUNITY. ALL RIGHT. AS
16 AMENDED, IT IS BEFORE US.

17

18 **CLERK VARONA-LUKENS:** SUPERVISOR BURKE?

19

20 **SUP. BURKE:** NO.

21

22 **CLERK VARONA-LUKENS:** SUPERVISOR YAROSLAVSKY?

23

24 **SUP. YAROSLAVSKY:** ARE WE VOTING ON THE AMENDMENT?

25



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1 **CLERK VARONA-LUKENS:** YOUR MOTION AS AMENDED.

2

3 **SUP. ANTONOVICH:** NO. THE AMENDMENT...

4

5 **SUP. YAROSLAVSKY:** COULD WE HAVE A VOTE ON THE AMENDMENT?

6

7 **SUP. ANTONOVICH:** IF IT'S AN AMENDMENT, YOU VOTE THE AMENDMENT
8 SEPARATELY UNLESS THE AUTHOR ACCEPTS THE AMENDMENT AND THEREBY
9 IT'S ONE MOTION. OTHERWISE IT'S A SEPARATE VOTE.

10

11 **SUP. MOLINA, CHAIR:** YOU'RE NOT ACCEPTING SUPERVISOR KNABE'S
12 AMENDMENT?

13

14 **SUP. YAROSLAVSKY:** WELL, IF MR.-- YOU MADE THE AMENDMENT? THEN
15 ALL I WOULD ASK IS THAT WE FIND A BIGGER ROOM THAN WE HAD LAST
16 TIME AND I DON'T KNOW WHETHER-- IT DID NOT WORK VERY WELL FOR
17 THE PUBLIC OR FOR US, TO HAVE PEOPLE INSIDE AND OUTSIDE AND I
18 DON'T KNOW IF THERE'S A BETTER PLACE THAN THE HIGH SCHOOL OR
19 WHAT BUT THAT'S ALL I WOULD ASK WITH THAT CLARIFICATION.

20

21 **SUP. KNABE:** I DON'T HAVE A PROBLEM WITH THAT, I MEAN...
22 LOCATION TO BE DETERMINED. I DON'T THINK IT INDICATES THAT
23 WE'RE GOING BACK TO THE SAME PLACE, NECESSARILY.

24



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1 **SUP. YAROSLAVSKY:** ALL RIGHT. THAT'S MY CONCERN. I THINK WE'RE
2 BETTER EQUIPPED TO DO IT HERE BUT THAT'S FINE.

3

4 **SUP. KNABE:** I MEAN, I THINK THAT AND THE ULTIMATE GOAL IS NOT
5 HAVE A BEILENSEN.

6

7 **SUP. YAROSLAVSKY:** I'LL ACCEPT IT WITH THAT UNDERSTANDING.

8

9 **SUP. MOLINA, CHAIR:** ALL RIGHT, SO AS AMENDED TO HOLD THE
10 BEILENSONS FOR, WHAT, OCTOBER...

11

12 **SUP. YAROSLAVSKY:** 18TH AT NOON.

13

14 **SUP. MOLINA, CHAIR:** IN THE COMMUNITY.

15

16 **SUP. YAROSLAVSKY:** AT NOON. [INTERJECTIONS]

17

18 **SUP. YAROSLAVSKY:** ARE YOU GOING TO CALL THE ROLL?

19

20 **SUP. MOLINA, CHAIR:** THERE WAS A CLARIFICATION. DID YOU PUT A
21 TIME ON IT?

22

23 **SUP. YAROSLAVSKY:** IT'S IN THE MOTION. 12:00 NOON.

24

25 **SUP. MOLINA, CHAIR:** IT'S IN THE MOTION.



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The Los Angeles County Board of Supervisors**

1

2 **CLERK VARONA-LUKENS:** OKAY. SO THAT I CAN UNDERSTAND, WE'RE
3 VOTING ON SUPERVISOR YAROSLAVSKY'S MOTION. HE'S ACCEPTED THE
4 AMENDMENT TO INCLUDE THE BEILENSON HEARINGS OCTOBER 13TH...

5

6 **SUP. YAROSLAVSKY:** 18TH, 18TH.

7

8 **CLERK VARONA-LUKENS:** EXCUSE ME, OCTOBER 18TH IN THE COMMUNITY.

9

10 **SUP. MOLINA, CHAIR:** THAT'S CORRECT.

11

12 **CLERK VARONA-LUKENS:** OKAY.

13

14 **SUP. BURKE:** AT 12 NOON.

15

16 **SUP. YAROSLAVSKY:** AT 12 NOON AS IT CITES IN THE MOTION. THE
17 ONLY CHANGE TO THE MOTION IS THAT, INSTEAD OF IN THE BOARD OF
18 SUPERVISORS HEARING ROOM, IT NOW SAYS IN THE COMMUNITY. OKAY?
19 SHOULDN'T BE THAT COMPLEX.

20

21 **CLERK VARONA-LUKENS:** ALL RIGHT. SUPERVISOR BURKE?

22

23 **SUP. BURKE:** NO.

24

25 **CLERK VARONA-LUKENS:** SUPERVISOR YAROSLAVSKY?



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The Los Angeles County Board of Supervisors**

1

2 **SUP. YAROSLAVSKY:** YES.

3

4 **CLERK VARONA-LUKENS:** SUPERVISOR KNABE?

5

6 **SUP. KNABE:** AYE.

7

8 **CLERK VARONA-LUKENS:** SUPERVISOR ANTONOVICH?

9

10 **SUP. ANTONOVICH:** AYE.

11

12 **CLERK VARONA-LUKENS:** AND SUPERVISOR MOLINA?

13

14 **SUP. MOLINA, CHAIR:** NO.

15

16 **CLERK VARONA-LUKENS:** ALL RIGHT. THE MOTION CARRIES, 3-TO-2.

17

18 **SUP. ANTONOVICH:** I'D LIKE TO MOVE ITEM 3.

19

20 **SUP. YAROSLAVSKY:** SECOND.

21

22 **SUP. MOLINA, CHAIR:** MOVED AND SECONDED ON ITEM NUMBER 3. WOULD
23 YOU PLEASE CALL THE ROLL?

24

25 **CLERK VARONA-LUKENS:** ALL RIGHT.



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The Los Angeles County Board of Supervisors**

1

2 **SUP. BURKE:** THAT'S S-3?

3

4 **CLERK VARONA-LUKENS:** NO, NUMBER 3.

5

6 **SUP. BURKE:** OH, ITEM 3.

7

8 **CLERK VARONA-LUKENS:** SUPERVISOR BURKE?

9

10 **SUP. BURKE:** NO.

11

12 **CLERK VARONA-LUKENS:** SUPERVISOR YAROSLAVSKY?

13

14 **SUP. YAROSLAVSKY:** YES.

15

16 **CLERK VARONA-LUKENS:** SUPERVISOR KNABE?

17

18 **SUP. KNABE:** AYE.

19

20 **CLERK VARONA-LUKENS:** SUPERVISOR ANTONOVICH?

21

22 **SUP. ANTONOVICH:** AYE.

23

24 **CLERK VARONA-LUKENS:** SUPERVISOR MOLINA?

25



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The Los Angeles County Board of Supervisors**

1 **SUP. MOLINA, CHAIR:** NO.

2

3 **CLERK VARONA-LUKENS:** MOTION CARRIES, 3-TO-2.

4

5 **SUP. MOLINA, CHAIR:** ALL RIGHT.

6

7 **SUP. BURKE:** I'D LIKE TO BRING UP ITEM 65-E.

8

9 **SUP. MOLINA, CHAIR:** 65-E IS BEFORE US AND WE ALREADY HAD
10 TESTIMONY ON THIS ITEM.

11

12 **SUP. BURKE:** I'LL MOVE IT.

13

14 **SUP. MOLINA, CHAIR:** YES, SHE CONCLUDED BOTH ITEMS. ALL RIGHT.
15 MOVED BY SUPERVISOR BURKE, SECONDED BY SUPERVISOR ANTONOVICH.
16 ANY OBJECTION? IF NOT, SO ORDERED ON THAT ITEM. ITEM 50 HAS
17 BEEN CONTINUED FOR TWO WEEKS. ARE THOSE ALL OF OUR ITEMS OTHER
18 THAN PUBLIC COMMENT? [CHANTING]

19

20 **SUP. MOLINA, CHAIR:** IF YOU ARE LEAVING, PLEASE LEAVE QUIETLY,
21 PLEASE, BECAUSE WE HAVE A COUPLE OF OTHER ITEMS. [CHANTING]

22

23 **SUP. MOLINA, CHAIR:** I NEED, UNDER PUBLIC COMMENT, WE HAVE
24 ROBERTO GABRIEL AND LEONARD W. ROSE, JR., IF THEY COULD JOIN
25 US. [CHANTING]



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1

2 **AUDIENCE:** (CHANTING)

3

4 **SUP. MOLINA, CHAIR:** I'M SORRY, MR. GABRIEL.

5

6 **ROBERTO GABRIEL:** THAT'S ALL RIGHT. I CAN TALK OVER THEM, IF
7 YOU WANT.

8

9 **SUP. MOLINA, CHAIR:** IF YOU CAN LEAVE QUIETLY, WE'D APPRECIATE
10 IT.

11

12 **AUDIENCE:** (CHANTING CONTINUES).

13

14 **ROBERTO GABRIEL:** MY NAME IS ROBERT GABRIEL AND I'M HERE TO
15 SPEAK AGAIN ON FARADISM OR FARAD...

16

17 **AUDIENCE:** (CHANTING CONTINUES).

18

19 **ROBERTO GABRIEL:** YES, MY NAME IS ROBERTO GABRIEL. I'M HERE TO
20 SPEAK AGAIN ON FARADISM OR FARADIC AVERSION THERAPY.

21

22 **SUP. MOLINA, CHAIR:** WHY DON'T WE WAIT, MR. GABRIEL. THEY'RE
23 JUST NOT GOING TO LET YOU SPEAK. WE'RE GETTING THE OFFICERS TO
24 REMOVE THEM. [INTERJECTIONS]

25



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1 **SUP. MOLINA, CHAIR:** ALL RIGHT. I THINK IT'S SAFE TO PROCEED,
2 MR. GABRIEL.

3

4 **ROBERTO GABRIEL:** OKAY. THANK YOU VERY MUCH. IN THE PAST, I'VE
5 COME BEFORE YOU ON THIS ISSUE, THE USE OF FARADISM AS A USE OF
6 ELECTRICITY FOR THERAPEUTIC PURPOSES AND I'VE BEEN TRYING TO
7 INTEREST THE BOARD IN MAYBE PROMOTING THIS OR TEACHING PEOPLE
8 HOW TO DO THIS THERAPY. IT INVOLVES THE USE OF A TENS UNIT, A
9 TRANS CUTANEOUS ELECTRICAL NERVE STIMULATOR SIMILAR TO THIS.
10 PURCHASABLE FOR, LIKE, LESS THAN \$20 IN MEXICO. I USED IT TO
11 GET OFF CRACK, ALCOHOL AND, AT THE PRESENT, I'M USING IT FOR
12 CIGARETTES, BUT IT'S WORKED GREAT FOR THE OTHER TWO ITEMS.
13 ONE-DAY TREATMENT GOT ME OFF OF CRACK AND WHAT I'M HOPING TO
14 DO IS IF YOU COULD REVISIT THIS. IN THE PAST, YOU HAD THE
15 GENTLEMAN, DR. GARTHWAITE AND FRED LEAF LOOK INTO IT AND, AS
16 YOU SEE, THEIR CREDIBILITY AS ADVISORS IS IN QUESTION TODAY,
17 AND IF, LIKE, OTHER PEOPLE RECOMMEND IT, IF YOU COULD MAYBE
18 SEEK ADVICE FROM SOMEONE ELSE. I'M MORE FAMILIAR WITH THE
19 WORKING KNOWLEDGE OF THIS TYPE OF THERAPY. MAYBE WE COULD USE
20 IT AND BRING DOWN THE HIGH COST OF KEEPING PEOPLE IN REHABS OR
21 THE PEOPLE THAT GO TO THE HOSPITAL DUE TO BEING ON DRUGS OR
22 ALCOHOL. IT'S ALREADY COSTING 60 TO 80% OF THE FUNDS TO KEEP
23 PEOPLE IN JAIL BECAUSE OF THE DRUG AND ALCOHOL PROBLEM AND I'M
24 JUST HOPING MAYBE YOU COULD HAVE SOMEONE LOOK INTO IT. I HAVE
25 A WEBSITE. ACTUALLY, A GROUP AT YAHOO, IT'S UNDER FARADISM,



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1 AND IF I COULD SPELL THAT, IT'S F-A-R-A-D-I-S-M IF ANYBODY
2 WOULD CARE TO JOIN THE GROUP OR WRITE TO ME, I HAVE A CONTACT
3 FORM THROUGH THERE. THANK YOU VERY MUCH.

4

5 **SUP. MOLINA, CHAIR:** THANK YOU, MR. GABRIEL. MR. ROSE.

6

7 **MR. ROSE:** GOOD AFTERNOON, BOARD MEMBERS, MADAM CHAIR. I GOT
8 THIS EARTHQUAKE INFORMATION BY ONE OF THE TELEPHONE BOOKS AT
9 MY COLLEGE. BIG TELEPHONE BOOK ABOUT EARTHQUAKES AND HOW TO
10 PREPARE FOR IT AND WHAT TO DO IN CASE OF EMERGENCY AND C.P.R.
11 FIRST AID AND I GOT THE ALARM, TOOK PICTURES, ALARM, SIREN
12 ALARM, YOU KNOW, LIKE WARNING SIGN, YOU KNOW, FOR PEOPLE,
13 ALARM AND THIS ALARM WILL RING IN ENTIRE CITIES AND COUNTY
14 AND, YOU KNOW AND LIKE NEW YORK HAVE, THEY GOT PREPARE FOR IT,
15 SOUND THE ALARM, YOU KNOW AND WHEN TO PREPARE FOR POLICE
16 DEPARTMENT TO WARN PEOPLE WHAT TO DO WHEN A EARTHQUAKE COMES,
17 AND TSUNAMI AND WHAT HAPPENED THE COUNTRY GOT FLOODED OUT, YOU
18 KNOW, AND THIS EARTHQUAKE ARE FAULTS ARE READY TO RIDE IT OUT
19 AND MOST CALIFORNIANS ARE NEAR THE SAN ANDREAS EARTHQUAKE
20 FAULT AND WHAT YOU COULD DO AND THIS EXPLAINS WHAT THE FAULT
21 IS AND THIS-- I LIKE ABC CHANNEL 7 NEWS TALKS ABOUT FIRST AID
22 AND C.P.R. AND ACTIVITY, SAFETY FOR A PARK, AND WHAT TO DO,
23 HOW TO SAVE A LIFE, C.P.R., FIST AID, SAVE A VICTIM'S LIFE AND
24 THIS TALKS ABOUT TEN COMMANDMENTS, THINGS THAT-- MURDER,
25 KILLING IN L.A., YOU KNOW AND THINGS OF CRIME AND WHAT TO DO



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1 ABOUT IT AND HOW MANY-- WHAT'S GOING ON ON T.V. WHERE PEOPLE
2 GET AN IDEA, TOO MANY YOUNG PEOPLE. WE NEED TO WRITE TO GEORGE
3 W. BUSH, YOU KNOW, WHITE HOUSE, YOU KNOW, ABOUT THE
4 TERRORISTS, YOU KNOW, KOREA, YOU KNOW AND HOW WE PROTECT OUR
5 CALIFORNIA AND THE UNITED STATES, YOU KNOW AND GEORGE BUSH DO
6 A WONDERFUL JOB IN THE WHITE HOUSE TO END THIS TERRORIST
7 THREAT AND GET THAT BIN LADEN AND I HOPE TO GET THAT BIN LADEN
8 PRETTY SOON AND WE NEED TO PROTECT OUR STATE AND I KNOW YOU
9 GUYS DO IT AND THANK YOU FOR YOUR TIME AND...

10

11 **SUP. MOLINA, CHAIR:** THANK YOU, MR. ROSE. WE APPRECIATE IT. ALL
12 RIGHT. THAT ENDS PUBLIC COMMENT. I DO HAVE AN EMERGENCY MOTION
13 THAT I AM TOLD, BECAUSE OF A SENSE OF URGENCY, THAT I CAN GO
14 AHEAD AND READ IT IN. IT IS DEVELOPMENTS IN THE MEDIATION
15 TAKING PLACE IN THE LITIGATION FILED BY CONSTRUCTION
16 CONTRACTORS ON THE WALT DISNEY CONCERT HALL SEEKING ADDITIONAL
17 COMPENSATION FOR CONSTRUCTION SERVICES HAVE TAKEN PLACE AND
18 COME TO THE COUNTY'S ATTENTION SUBSEQUENT TO THE POSTING OF
19 THE AGENDA FOR THIS MEETING AND THERE IS A NEED FOR THE BOARD
20 TO IMMEDIATELY CONSIDER SUCH DEVELOPMENTS. ACCORDINGLY, I MOVE
21 THAT THE BOARD DETERMINE PURSUANT TO GOVERNMENT CODE SECTION
22 54954.2, SUBSECTION B OF SUBSECTION 2, THAT THERE IS A NEED TO
23 TAKE IMMEDIATE ACTION, THAT THE NEED FOR THE ACTION CAME TO
24 THE ATTENTION OF THE BOARD SUBSEQUENT TO THE AGENDA BEING



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1 POSTED FOR THIS MEETING AND THAT THE LITIGATION BE PLACED ON
2 THE AGENDA FOR CONSIDERATION IN CLOSED SESSION TODAY.

3

4 **SUP. KNABE:** SECOND.

5

6 **SUP. MOLINA, CHAIR:** SECOND. IF THERE ARE NO OBJECTIONS, SO
7 ORDERED. ALL RIGHT. I'LL HAVE OUR EXECUTIVE OFFICER PLEASE
8 READ US INTO CLOSED SESSION.

9

10 **CLERK VARONA-LUKENS:** IN ACCORDANCE WITH BROWN ACT
11 REQUIREMENTS, NOTICE IS HEREBY GIVEN THAT THE BOARD OF
12 SUPERVISORS WILL CONVENE IN CLOSED SESSION TO DISCUSS ITEM CS-
13 2, CONSIDERATION OF DEPARTMENT HEAD PERFORMANCE EVALUATIONS AS
14 INDICATED ON THE POSTED AGENDA; AND ITEM CS-3, CONFERENCE WITH
15 LEGAL COUNSEL REGARDING EXISTING LITIGATION IN THE CASE OF
16 M.A. MORTONSON COMPANY VERSUS WALT DISNEY CONCERT HALL INC AND
17 RELATED CASES, SUPERIOR COURT CASE NUMBER B.C. 306-166. THANK
18 YOU.

19

20

21

22

23

24

25



**The Meeting Transcript of
The Los Angeles County Board of Supervisors**

1 I, JENNIFER A. HINES, Certified Shorthand Reporter
2 Number 6029/RPR/CRR qualified in and for the State of
3 California, do hereby certify:

4 That the transcripts of proceedings recorded by the
5 Los Angeles County Board of Supervisors August 16, 2005
6 were thereafter transcribed into typewriting under my
7 direction and supervision;

8 That the transcript of recorded proceedings as
9 archived in the office of the reporter and which
10 have been provided to the Los Angeles County Board of
11 Supervisors as certified by me.

12 I further certify that I am neither counsel for, nor
13 related to any party to the said action; nor
14 in anywise interested in the outcome thereof.

15 IN WITNESS WHEREOF, I have hereunto set my hand this
16 18th day of August 2005, for the County records to be used
17 only for authentication purposes of duly certified transcripts
18 as on file of the office of the reporter.

19

20 JENNIFER A. HINES

21 CSR No. 6029/RPR/CRR

22